Department for Education

Slough Children's Services Trust Innovation Programme

Evaluation report

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Will Cafferky, Yvette King, Stephen Boxford, Eleanor Bridger-Wilkinson, Eleanor Southern-Wilkins, Sarah Hearne, Hannah Cohen, Kam Kaur, Sarah Ashworth – Cordis Bright

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Key messages

1. There is a need and appetite among those affected by domestic abuse (DA) for a response to DA which considers the needs of the whole family, and the wider context in which DA is taking place. Historic approaches have not effectively met this need.
2. A clear theory of change, visible leadership, realistic project planning and transparent decision-making will help to support innovation in a complex system.
3. High levels of staff turnover are a key challenge facing children's services. It is essential that this is accounted for when designing and implementing new approaches. Programmes should be well documented, with regular updates provided to staff on progress and relevance to the wider service. Relevant training should be delivered consistently and included when onboarding new staff.
4. Interventions which focus on understanding the dynamics and relationships within families can support family members to make positive changes but require active follow-up and appropriate step-down provision to help sustain this progress.
5. Engaging victims and perpetrators of DA in intensive programme-based work can be difficult to deliver at scale. This is in part due to a disparity in the amount of resources available and the amount of resources required to deliver the work effectively, as well as challenges in engaging all victims or perpetrators who are referred.
6. Embedding staff from other services, such as the police, housing, and mental health, within children's services can help to improve the speed and appropriateness of the response to families' needs.
7. Ensuring courses are safely accessible for victims is vital. Making support available at times which suit women who work and offering support for those who might otherwise rely on their partners for transport are key considerations.
8. Cost-benefit analysis estimates that the Slough Children's Services Trust's (SCST) Innovation Programme costs more to deliver than was saved through reduced time young people spent at each statutory status following the interventions. However, this analysis did not consider other benefits to young people and their families that the programme may have contributed to.
9. It may be challenging for DA interventions to realise short- or medium-term cost savings, even if they were to result in better outcomes and longer-term cost savings. Interventions can be time-intensive, require consistent training, and sustained input. They also intend to provide more support than was previously available. Certain benefits take longer to realise and are difficult to quantify, such as the future impact of witnessing domestic abuse as a child.

Executive summary

Introduction

This report presents the findings from the summative evaluation of the Slough Children's Services Trust's (SCST) Innovation Programme. The Innovation Programme was funded through the Department for Education's (DfE) Children's Social Care Innovation Programme and was used to contribute to a wider transformation across the Trust of its approach to working with families, particularly those affected by domestic abuse (DA).

The programme

The SCST Innovation Programme which ran between April 2017 and March 2019 consisted of 2 elements:

The Domestic Abuse, Assessment, Response and Recovery (DAARR) workstream aimed to improve the Trust's work with families affected by DA through: provision of an enhanced assessment phase, centred on better understanding of the dynamics within families at risk of experiencing DA; delivery of the Inspiring Families Programme (IFP), a 10-week 'psycho-educational' group programme intended to strengthen and stabilise families; provision of training to the workforce to improve their understanding of DA; and a recovery toolkit for adults and children, offering a trauma-informed framework for working with families affected by DA.

The Innovation Hub was intended to provide a multi-agency and multi-disciplinary wraparound team, including representatives from the Police, Adult Mental Health and Substance Misuse services, to provide early intervention support to children and families who are not subject to Child Protection (CP) plans, and were experiencing multiple issues. These included, but were not limited to, conflictual family relationships, mental ill health, non-school attendance, drugs and alcohol misuse, and gang-related behaviour.

The evaluation

This evaluation deployed a theory informed, mixed methods approach involving: documentation review, analysis of monitoring data, an outcomes analysis that informed a cost-benefit analysis, consultation with key stakeholders, staff and practitioners, victims and perpetrators and research into case files. The evaluation included working with SCST stakeholders to co-develop logic models for both the DAARR workstream and Innovation Hub. The evaluation period ran from April 2017 to January 2020 with this final report being delivered in March 2020.

Key findings

Implementation and engagement

Both the DAARR workstream and the Innovation Hub model were developed in response to a range of needs across the Trust and in the local community. These related primarily to the need for: a response to the high number of DA-related re-referrals to the Trust; to understand more about how to work across a diverse community, and; to improve the ability of the Trust to respond efficiently, whilst considering the needs of the whole family.

Regarding the DAARR workstream, interviews with staff, key stakeholders and a review of case files show that not all aspects of the workstream were fully implemented including, for example, the Violence and Abuse Dynamics Assessments (VADA) and the recovery toolkit. Staff reported challenges in recruiting large enough numbers of children and victims to run group sessions during which the recovery toolkit was intended to be used. Key stakeholders reported that training on working with abusive men had been delivered early on in the programme, but that since then the Trust had experienced high staff turnover, and that there was a need to refresh this offer. The most established element of the workstream is the Inspiring Families Programme (IFP), which is now "business as usual" in SCST and continues to deliver separate group work for victims and perpetrators. 85 victims and 83 perpetrators have been supported since April 2017.

The original intention of the SCST Innovation Programme was to establish three Enhanced Hubs. Since then, the planned number of hubs was reduced from three Enhanced Hubs, to one Innovation Hub. The Innovation Hub was established in April 2017, and closed two years later in April 2019, with Hub staff being redistributed across different teams within the Trust. Monitoring data provided by SCST shows that the Hub worked with 242 families and 513 children before it was closed.

Documentation made available by SCST outlines concerns among senior stakeholders that the additional resource required to run the Hub had not resulted in better outcomes for children. Staff and stakeholders provided a range of reasons for the closure including: a lack of clarity as to why some children received support through the Hub whilst others did not, and a belief that this resource could be more evenly distributed across the Trust; and high levels of staff turnover contributing to a 'dilution' of the Hub's approach.

Outcomes

Children. Whilst the DAARR workstream did not work directly with children, interviews with parents and carers as well as a review of case files did offer evidence that interventions had a perceived positive impact on children's levels of happiness and safety. This was most apparent for those whose parents had been through the IFP. Interviews with parents and a review of case files suggested that the level of DA

witnessed by children had reduced, which had a positive impact on their confidence and happiness at home. Evidence from the outcomes analysis suggests that the IFP formed part of an effective intervention to reduce the amount of time children spent at either Child Protection (CP) or Children Looked After (CLA) status. They spent on average less time at each level of statutory care than children in families affected by domestic abuse whose relatives did not attend the course. These outcomes only refer to those children supported by the programme, and do not demonstrate the Trust's ability to reduce the number of children moving into CP and CLA overall. However, it does suggest that DAARR was able to meet these intended outcomes for those supported through the IFP.

For those supported through the Innovation Hub, the outcomes analysis did not show a reduction in the number of children moving into CLA, which was one of the intended outcomes. Despite this, staff reported that the Hub's multi-agency and multi-disciplinary approach facilitated a quicker response to the immediate needs of children and their families. Improved information sharing and more efficient referral processes were key to this.

Victims. 14 of the 20 case files reviewed relating to those supported through the DAARR workstream showed evidence of a reduction in incidents of physical violence and coercive control. Women who had attended the IFP reported that their partners were better able to respond to stressful situations following the programme. They also stated that the programme had helped increase their confidence, reduce their level of isolation in their communities, and broadened their understanding of DA. There was a desire among women who attended the IFP for a greater degree of follow-on support, such as maintaining group work beyond the end of the programme.

Perpetrators interviewed reported being better able to respond to stressful situations using techniques they had learned on the IFP. They felt the programme had improved their ability to communicate with their children and discuss their feelings, as well as expanding their understanding of what constitutes DA. There were concerns that these positive changes needed to be monitored and be accompanied by adequate step-down support.

Practitioners. Evidence from case files reviewed suggests that SCST was moving towards delivering a response to those affected by DA which considered the needs of each member of the family. Of those cases reviewed during DAARR, 16 out of 20 (80%) showed evidence of holistic family support being offered, such as relationship support for parents, and additional support in school for children with additional needs. However, staff expressed concerns that high turnover of staff and a drop-off in the delivery of training would limit the sustainability of its impact on the workforce.

System outcomes. Cost benefit analysis estimates that the DAARR workstream and the Innovation Hub cost more to deliver than they saved between April 2017 and March

2019. It suggests that the cost saved by DAARR through reduced time spent at each statutory status over 2 years was estimated to be £194,262 for 78 families. Once the cost of delivering the DAARR workstream was considered, the estimated cost was £307,335 over two years. For the Innovation Hub, the possible saving in the cost of services was £350,262 over 2 years for 228 families. Once the cost of delivering the Innovation Hub was factored in, the estimated cost was £559,469 over 2 years. Caution should be applied in interpreting this analysis as it does not include a range of outcomes (e.g. economic, health and wellbeing) that the interventions may also contribute to.

Lessons and implications

- Programmes that include multiple, varied interventions should have clearly articulated theories of change that are linked to the evidence base. These should outline how they hope to achieve improved outcomes for participants and systems. These will help stakeholders understand the programme of change and aid measurement of progress against desired aims and objectives.

- Ensuring that programme plans are systematically reviewed, updated and communicated internally to all relevant levels of the service is essential to ensuring that staff are aware of how their role relates to the changing system. This also helps to reduce the impact of changes in leadership. Decision-making should be documented to ensure institutional knowledge is secured.

- When looking to deliver training to a workforce experiencing high levels of staff turnover, it is important that training is delivered consistently over an extended period, and where possible integrated into the onboarding process for new staff. Communication and consistent training are essential when introducing new tools, such as the VADA and the recovery toolkit, to a changing workforce. Without this, the chances of these tools being adopted is reduced.

- A more systematic approach to capturing, analysing and reporting monitoring data would help to improve the Trust's ability to take evidence-led decisions on this and similar programmes in the future.

- Evaluation tools using validated measures should be embedded into the DAARR workstream as part of everyday practice. A systematic approach should be taken to analysis and reporting, and evidence should be effectively used in decision-making processes.

- Strong working relationships between services, a greater willingness to share relevant information, and expedited referral processes represent a valuable way to ensure that the needs of families can be met sooner.

- Interventions which focus on understanding the dynamics and relationships within families can support family members to make positive changes but require active follow-up and adequate step-down provision to help sustain this progress.

- Ensuring courses are safely accessible for victims is vital. Making sure programmes are available at times which suit women who work and offering

support for those who might otherwise rely on their partners for transport are key considerations.

1. Overview of the programme

Programme context

Slough Children's Services Trust (SCST) was established as a not-for-profit Trust on 1st October 2015 after intervention by the Department for Education (DfE) to remove children's services from Slough Borough Council, following a series of 'inadequate' Ofsted ratings. As of March 2019, children's services in Slough were judged by Ofsted as 'requires improvement to be good'.[1] Following the establishment of the Trust, a first phase of transformation took place, supported by DfE Improvement Funding. This included the implementation of a systemic hub approach, called Safe, Secure and Successful, introducing Signs of Safety[2] principles and piloting the Inspiring Families Programme (IFP), a whole family intervention and assessment of dynamics for families affected by domestic abuse (DA).

In 2016, SCST applied for DfE Children's Social Care Innovation Programme funding to build upon the Phase 1 transformation work. In 2017, SCST received £1,423,500 Innovation Programme funding to transform the staffing model by introducing three Enhanced Hubs, to continue to develop a new model of practice that will integrate the principles of systemic practice and Signs of Safety, and to introduce a new Domestic Abuse, Assessment, Response and Recovery (DAARR) workstream based on the experience SCST gained from the IFP pilot.

In 2017 Cordis Bright were commissioned by the DfE to deliver an independent evaluation which focussed primarily on evaluating the implementation and impact of the DAARR workstream. In addition, a proportion of evaluation resource was allocated to explore the implementation and impact of the Enhanced Hubs. As such, this report primarily focusses on evaluation findings related to the DAARR workstream.

Programme aims and outcomes

The original theory of change for the SCST Innovation Programme is presented in Figure 6 (see Appendix 1).[3] This shows that the key impacts that the programme aimed to deliver included: (1) more families engaged at an earlier stage, enabling family issues and risks to children to be tackled sooner, (2) support available 7 days per week, meaning the service will be available an additional 32 hours per week compared to the

[1] See: https://files.api.ofsted.gov.uk/v1/file/50059652 last accessed 12th February 2020.
[2] Signs of Safety refers to a strengths-based, safety-organised approach to child protection casework. For more information, see: https://www.signsofsafety.net/signs-of-safety/ . Last accessed 13th May 2020.
[3] This theory of change was included in the funding bid to the DfE Innovation Programme.

current model, (3) for families where DA is an issue, more realistic and achievable family plans, with greater involvement from perpetrators, and (4) children who have experienced DA being better equipped to develop their own positive lifestyle and coping strategies.

The programme aimed to deliver the following impacts on the local and regional system: (1) fewer repeat referrals, (2) fewer children subject to CP plans where DA is the primary issue, and (3) lower running costs, with fewer staff overall and a lower cost staff mix. In addition, desired impacts on the national system included: (1) evidence for the effectiveness of combining Signs of Safety and systemic practice, (2) a new staffing model that can be replicated elsewhere, (3) a new approach to tackling DA, with an associated evidence base, (4) evidence of the strengths and weaknesses of the Trust model, and (5) evidence of the impact of each aspect of the approach on SCST's diverse population.

The theory of change included in the SCST Innovation Programme funding bid to the DfE included all aspects of the Innovation Programme. It is available in Appendix 1.

DAARR workstream

Towards the beginning of the evaluation, Cordis Bright worked collaboratively with SCST colleagues through documentation review, interviews and sense-testing workshops to refine the logic models for both the DAARR workstream and the Enhanced Hubs. The DAARR workstream and Innovation Hub logic models are all presented in Appendix 1. The key outcomes for the DAARR workstream included:

- **For children and young people:** (1) improvement in wellbeing; (2) an increased level of safety; (3) children and young people better equipped to develop their own positive lifestyle and coping strategies; (4) children and young people less likely to become victims or perpetrators of DA in the future.
- **For victims of DA:** (1) a reduction in physical violence and coercive control; (2) an increased level of safety.
- **For perpetrators of DA:** (1) a reduction in the number of incidents of physical violence and coercive control and their severity;[4] (2) an increased level of safety (resulting from reduced risk of violent resistance).[5]

[4] This would be a long-term outcome. It is recognised that DA interventions can result in spikes in reported incidences.
[5] It should be noted that the outcomes perpetrator programmes aim to and may achieve is an area of debate. For more about this debate please see the findings from Project Mirabel: https://www.dur.ac.uk/criva/projectmirabal/ . Last accessed 13th May 2020.

- **For practice:** improved quality of support and care for children and young people, victims and perpetrators.

- **For the system:** (1) a reduction in the number of CP cases where there is a known victim and/or perpetrator of DA; (2) a reduction in the overall number of young people becoming looked after; (3) a £376,000 reduction in cost across the Early Help and Child Protection Hubs by 2019/20.

The Innovation Hub

As outlined in SCST's funding proposal, the programme aimed to introduce three Enhanced Hubs, to provide a multi-agency wraparound team, including representatives from the Police, Adult Mental Health and Substance Misuse services to provide early intervention support to children and families who are not subject to Child Protection (CP) Plans. However, rather than three Enhanced Hubs being delivered as part of the programme, one Innovation Hub was delivered. The Innovation Hub was developed to work with the most complex and high-risk cases that did not meet thresholds for referral onto a CP plan but are complex enough to require an enhanced, intensive intervention. The Innovation Hub ceased operating in March 2019. The key outcomes for the Hub as collaboratively developed with SCST colleagues towards the beginning of the evaluation included (for more information see Figure 8 in Appendix 1):

- **For children and young people:** (1) family issues which impact on children and young people are addressed sooner; (2) risks to children are addressed sooner; (3) a reduction in the number of CLA.

- **For the system:** a cost-efficient approach to service delivery leading to a reduction in cost.

Programme activities

The SCST Innovation Programme received funding for the financial years April 2017 to March 2019. The key activities of the DAARR workstream and Innovation Hub to date are summarised below.

DAARR Workstream

- **The Inspiring Families Programme:** The IFP is a 10-week psycho-educational group programme run in parallel, one group programme for partners seen as being at-risk of experiencing abuse, and one group programme for partners seen as potential perpetrators of abuse. It serves as both an intervention to strengthen and stabilise families and an assessment of families where DA is an identified component and the families have decided to stay together. It aims to provide professionals with a robust framework to assess the parent's behaviour, including any disguised compliance, the potential for change, the level of current risk and the likelihood of future risk. 85 women and 83 men have attended and completed

IFP. Programme resources and activity have been translated into Arabic, Urdu, and Polish, with courses run in those languages by facilitators who were able speak them. SCST continues to adapt the programme to meet the needs of participants on an ongoing basis (for example, adding additional materials).

- **Violence and Abuse Dynamics Assessments (VADA):** The workstream aimed to introduce VADA, a tool for front-line practitioners to use to assess the 'dynamics' of families who have experienced DA, to all front-line staff. SCST stakeholders reported that a VADA training course was delivered. However, monitoring data on the number of training courses and participants was unavailable for this evaluation.

- **Targeted 1-to-1 work with men who have completed IFP:** The workstream aimed to provide targeted support to men who have completed IFP in order to sustain their motivation for change and to support them to complete personalised objectives as listed in their own action plans. Individual support is provided through a 10-week programme which focusses on awareness of behaviour and motivations; managing emotions and arguments; understanding relationships and gender stereotypes; and parenting. Since 2016, 68 men engaged with 1-to-1 support offered by the Innovation Hub's male DA worker.

- **Adult and Children and Young People Recovery Toolkit:** The recovery toolkit is a trauma informed, psycho-educational programme comprised of group sessions for adults and children and young people, which incorporates elements of trauma focussed Cognitive Behavioural Therapy (CBT). It consists of separate 2-hour long group sessions, one 8-week long programme for children, and another 12-week long programme for adults. The Toolkits were piloted by SCST in January, March and June 2018. In all cases, SCST faced challenges in recruiting large enough numbers to hold group sessions. Pilot programmes were held for 3 children aged 8-11 and for 2 adults. Too few young people (aged 11-14) were referred and met the criteria to convene a group so young people were offered appropriate 1-to-1 support by a clinician. Following the pilot, SCST made the decision to design their own holistic whole family programme of support that would include a programme of 1-to-1 and group support for children and young people. However, in September 2018 SCST submitted a bid to the Home Office for funding to deliver this programme, which was unsuccessful. No further activity concerning this aspect of the DAARR workstream was reported by stakeholders.

- **Training on "How to Work with Abusive Men":** SCST aimed to deliver training on "How to Work with Abusive Men" across all the Trust Hubs. As of March 2018, 13 training sessions of 6 different training courses have been conducted (excluding the VADA course) which trained 144 participants. A breakdown is shown in Appendix 3. No further sessions have been delivered since March 2018.

The Innovation Hub

The Innovation Hub was delivered by a multi-agency team managed by a consultant social worker and included family support workers and social workers. In addition, a youth worker, clinician and drug and alcohol worker sat within the Hub. Further support

was provided by a police officer, a DA co-ordinator and DA workers, who work across the whole Trust. The Innovation Hub ceased operation in March 2019.

2. Overview of the evaluation

Evaluation questions

Evaluation questions were collaboratively developed and agreed with SCST colleagues, Opcit Research and the DfE. They included:

1. What is the impact of the DAARR workstream on outcomes for: (a) children and young people, (b) victims of DA, (c) perpetrators of DA, and (d) the system?
2. What is the impact of the Innovation Hub on outcomes for children and young people and the system?
3. What is the impact of the programme on the quality of support or care for children, young people and victims and perpetrators of DA?
4. How effectively has the programme been implemented:
    a. Has the programme achieved the activity and output changes identified in the funding proposal?
    b. What factors enable or hinder improvements to:
        i. The achievement of better outcomes for children, young people, DA victims and perpetrators.
        ii. The quality of support or care for children, young people and victims and perpetrators of DA.
    c. Was there sufficient flexibility in the system for the SCST programme to be implemented successfully?
5. Key lessons from the programme:
    a. What are the key mechanisms of change and how do these relate to observed or measured impact?
    b. What are the cost implications of the programme? Is it cost-effective?
    c. What lessons are there for wider roll out of the model?
    d. What needs to happen at the organisational and community levels for the programme to be a success?
    e. What are the necessary and sufficient legal and policy conditions of programme success?
6. What is lacking (or present) in the system that hinders the success of the programme?

Evaluation methods

The evaluation took a theory-informed methodological approach based on the logic models presented in Appendix 1. This approach employed mixed methods to address the key evaluation questions. The evaluation was conducted across three main phases: phase 1 ran from May - August 2018 and culminated with the delivery of the evaluation framework; phase 2 was conducted between September 2018 - March 2019 and culminated in the delivery of an interim evaluation report; phase 3 ran from April 2019 – March 2020 and culminated in the delivery of the final evaluation report. The following provides a summary of evaluation methods across the three phases:

- **Documentation review.** Documentation relating to the programme was reviewed to inform phase 1, 2 and 3 evaluation outputs, i.e. evaluation framework, interim and final report.
- **Theory of change and evaluation framework meetings and workshops.** During phase 1, we facilitated 3 meetings and workshops with key SCST Innovation Programme stakeholders to refine the theory of change and logic model for the DAARR workstream and Innovation Hub. In addition, we also met to discuss and agree the final evaluation framework including our role in terms of providing critical friend support for the cost-benefit analysis.
- **E-survey of SCST managers, staff and partners concerning the DAARR workstream and Innovation Hub.** The survey was designed and agreed with the SCST evaluation steering group and circulated to a list of over 110 staff at phase 2 and 3 with the aim of measuring change over time. Despite a number of reminders and the support of key SCST managers, these surveys achieved a low response with sample sizes of 18 during phase 2 and 5 during phase 3.
- **In-depth interviews with 8 victims of DA supported by the IFP.** These all took place during phase 3.
- **In-depth interviews with 6 perpetrators who were supported by the IFP.** One of these took place during phase 2, and the remaining 5 took place during phase 3.
- **In-depth interviews with 21 key stakeholders and staff involved in the DAARR workstream and Innovation Hub.** During phase 2, we conducted 6 in-depth interviews with key stakeholders[6] and 5 in-depth interviews with DAARR workstream staff and managers. During phase 3 we conducted 3 in-depth interviews with key stakeholders, 5 in-depth interviews with DAARR workstream staff and managers, and 2 in-depth interviews with Innovation Hub practitioners.

[6] A key stakeholder is classified as someone responsible for or involved in the delivery of the SCST Innovation Programme in a leadership capacity.

- **A review of 30 case files.** A review of 30 case files were conducted by two qualified social workers, with experience of conducting independent audits of children's services. An audit tool was designed and agreed with SCST colleagues, which outlined a range of questions on which case files were reviewed. The 30 cases reviewed included 10 from before the DAARR workstream was introduced and 20 case files after the DAARR workstream was introduced. The case files concerned individual children. Of the post-DAARR implementation case files, 14 involved families supported by the Innovation Hub.

- **In-depth interviews with 5 parents or carers who were supported by Innovation Hub.** These all took place during phase 3.

- **Outcomes and cost-benefit analysis.** We received secondary data from SCST concerning 78 children whose relatives had been through the Inspiring Families Programme, and 228 children who had been supported by the Innovation Hub. This included before and after data for both the DAARR workstream and the Innovation Hub to measure any differences in outcomes concerning referrals into the Trust and changes in statutory statuses (i.e. Child in Need (CIN), Child Protection (CP) and Child Looked After (CLA)) over time as well as counterfactual analysis with comparison cohorts to establish whether any observed changes can be attributed to the DAARR workstream and the Innovation Hub. More information about the outcomes analysis and cost-benefit analysis is presented in Appendix 2.

Changes to evaluation methods

The following changes to planned evaluation activities have occurred:

- **Structured survey.** A structured survey of victims and perpetrators supported by the DAARR workstream had been planned. We designed and agreed the questionnaire tools informed by the European Perpetrator Programme DAPHNE impact toolkit, information sheets and consent forms and processes for completion and return with SCST colleagues.[7] We also produced guidance for staff on how to use them. Early in the evaluation, SCST colleagues had suggested embedding the tools in the workstream for use on entrance, at an interim point and on exit from the workstream, as well as raising the possibility of a follow-up questionnaire. However, SCST did not put the process in place and the pre- and post-intervention questionnaires were not rolled-out.

- **Lower than expected participation in stakeholder and practitioner consultation.** At both phase 2 and phase 3, we experienced lower than expected participation from staff and stakeholders in the evaluation. For example, we had planned to conduct 20 interviews with staff and stakeholders across the DAARR workstream and Innovation Hub for phase 3. However, given the limited number of staff remaining who had worked on the Hub, and challenges identifying people

[7] See: https://www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/IMPACT/PDF_Toolkit_rev_2015/English/IMPACT%20toolkit%20guidelines.pdf . Last accessed 28th February 2020.

willing to discuss the DAARR workstream, we were only able to conduct 10 staff and stakeholder interviews in total. There was a low response to the staff e-survey. We sent out regular reminders from both ourselves and senior SCST stakeholders concerning the survey. However, the total number of responses for phase 2 was 18, and during phase 3 was 5.[8] For the interviews, a number of members of staff left the Trust before they could be interviewed as part of phase 3, whilst other staff either did not respond, or did not want to be interviewed. We discussed this with SCST stakeholders, and they reported this may have been due to: (1) the Enhanced Hub ceasing to operate and staff having moved on, and (2) high staff turnover across SCST.

- **Qualitative consultation with children and young people.** We had planned to conduct qualitative consultation during phase 1 and 2 with 20 children and young people who had been supported by the DAARR workstream, and during phase 3, with 10 children and young people who had been supported by the Innovation Hub. We designed and agreed topic guides, information sheets and consent forms and processes with SCST colleagues. However, we were unable to conduct interviews with children and young people. In part, this was because children and young people have not been directly supported by the IFP, the main element of the DAARR workstream, and as such, it was agreed conducting such consultation was not ethical. In addition, the Innovation Hub ceased operating in March 2019, which was before the planned phase 3 interviews with children and young people were due to take place.

- **Review of an additional 20 case files.** Due to the shortfall in consultations with children and young people and also the structured survey, we agreed with Opcit Research and the DfE to move evaluation resource into case file review. This was to enable us to include pre- and post-DAARR case files as well as Innovation Hub case files in the evaluation.

- **Critical friend support for the cost-benefit analysis.** Originally, SCST intended to conduct the cost-benefit analysis with critical friend support from Cordis Bright. However, due to staff turnover in SCST, Cordis Bright has taken the lead on delivering the cost-benefit analysis.

Limitations of the evaluation

Key challenges and limitations to the evaluation included:

- **Documentation.** There were challenges in identifying and receiving documentation concerning the DAARR workstream and Innovation Hub. This has included strategic, operational, planning and pathway documentation. For instance, there does not appear to have been a documented project plan for either the DAARR workstream or the Innovation Hub, which makes evaluation of

[8] Please note it is not possible to report a response rate as we can not be certain how many stakeholders had the opportunity to respond as the survey used a cascade methodology. However, it was distributed to an initial list of 110 stakeholders.

progress against objectives and outcomes challenging. This lack of a plan was also identified in a May 2018 quarterly report from SCST to the DfE:

> "Without a project plan it is hard to say if the project is on track to achieve all the goals set out in the bid".

- **A changing programme.** The DAARR workstream and Innovation Hub have evolved during the evaluation. It has been challenging to track changes to the programme as documentation which explains decision-making was not available to inform the evaluation.

- **Outcomes and cost-benefit analysis.** The data supplied by SCST for the outcomes and cost-benefit analysis provided information about the statutory statuses of children who were supported by the IFP and those who were supported by the Innovation Hub. For the IFP cohort these periods equate to the 6 months prior to the child's relatives starting the IFP, and the 6 months following the child's relatives finishing the IFP. For the Innovation Hub cohort, the 2 time periods were 6 months prior to the date support from the Hub began, and 6 months after support from the Hub ended. The analysis considered: the number of referrals made to the Trust about a child from each of the cohorts; the episodes and amount of time (days) which the child spent in the following statutory statuses: Child in Need (CIN); Child Protection (CP); Child Looked After (CLA). For this data we can be confident that the patterns reported concerning before and after are robust, i.e. for these populations this represents young people's experiences before and after they and/or their families have been supported by either the Innovation Hub or the IFP.

  We also received data from SCST, for similar time-periods, concerning comparison cohorts for both the Innovation Hub and the IFP. This data aimed to help establish the impact of the Innovation Hub and IFP over and above what may have been the case for similar young people that did not receive this support. However, caution should be applied in interpreting the differences between the IFP and Innovation Hub cohorts and their respective comparison cohorts as for both the Innovation Hub and Inspiring Families cohorts, children in the comparison cohorts had spent less time at CIN, CP, or CLA prior to the intervention taking place. As such, this exaggerates the difference in outcomes between these groups. More about this can be seen in Appendix 2.

3. Key findings

This section presents the evidence collected as part of the evaluation (see chapter 2) to present key findings concerning both the DAARR workstream and the Innovation Hub. It is organised by the following themes: (1) implementation; (2) engagement; (3) outcomes for children and young people; (4) outcomes for parents/carers; (5) outcomes for professionals; and (6) outcomes for Slough Children's Services Trust.

Implementation

The following sections concern the implementation of both the DAARR workstream and the Innovation Hub, highlighting whether they were able to deliver what was intended, and any barriers or enablers identified during this process.

The original funding case did not provide clear, separate rationales for the DAARR and the Enhanced Hubs (which became the Innovation Hub). Rather, the original funding case stated 5 overarching reasons for the Innovation Programme as follows:

- "Bureaucratic and siloed working amongst staff with time and resource wasted on expensive step up/down assessments."
- "A chronic re-referral rate of cases to the Trust."
- "A high prevalence of DA within the system, with staff ill-equipped to work with the whole family."
- "A diverse community in Slough which creates additional challenges."
- "Little available evidence of what works within the Trust model."

Building on the above, as part of the evaluation framework development phase, we worked with SCST stakeholders to develop an understanding of the rationale for the DAARR workstream and the Innovation Hub, and developed logic models for each (see Appendix 1) which clearly outline intended impacts and outcomes.

DAARR workstream

Core rationale

Confirming the desired impacts and outcomes of the DAARR workstream outlined in the logic model in Figure 7 in Appendix 1, SCST staff and key stakeholders emphasised the need to keep children safe and support families affected by DA. Key stakeholders and staff also suggested that the DAARR workstream provided:

- A response to the rising number of children referred to the Trust because of DA.
- The opportunity to improve parents' and children's understanding of DA.

The Inspiring Families Programme (IFP)

The IFP was described by SCST stakeholders and staff as the core element of the DAARR workstream, and a key strength of SCST's Innovation Programme. There was a belief among staff that the programme had become a key aspect of 'everyday practice' within the Trust. Strengths of the IFP were identified as follows:

- Clarity of the programme, its aims, timelines, and methodology.
- The involvement of dedicated DA practitioners in the delivery of the programme.

The programme included separate groups for abusive male and non-abusive female partners. Potential limitations of this eligibility criteria are discussed further in the 'Engagement' section below. In terms of content, based on documentation reviewed the programme involved a mixture of activities including group discussion, presentations and videos, and exercises based on the following topics:

- Impact of domestic abuse on the family.
- Effects of domestic abuse on children.
- Non-abusive relationships with children and nurturing parenting.
- Stress and personal responsibility.
- Healthy adult relationships.

Victims and perpetrators who were interviewed and who had completed IFP reported that the content of the programme was a key strength. This is discussed further in the 'Outcomes for victims' and 'Outcomes for perpetrators' sections below.

One area in which staff reported requiring further clarity was the role of IFP within the broader response to DA within the Trust. Linked to this, one member of staff suggested that at times, some within the Trust overestimated the extent to which the IFP alone was a sufficient intervention. They felt that the primary function of the programme was to serve as an assessment, which could help inform further interventions.

> "The programme isn't a quick-fix – it's an assessment programme, and people don't get fixed in 10 weeks"

Whilst the IFP is described as both an assessment and an intervention in programme documentation, within the DAARR workstream it is categorised as being part of the 'assessment' phase.

Staff training

Training of staff was a key factor in the implementation of the DAARR workstream. It was intended that training would be delivered to staff around working with abusive men, in

addition to the training of members of staff to deliver the IFP on a rotating basis. Whilst stakeholders were positive about the availability and investment in delivering training to staff in the early stages of the programme, there was a concern that the initial benefits of this training had been inhibited by high levels of staff turnover. Data from SCST shows that whilst 13 training sessions were delivered between the start of the programme and March 2018, no additional training sessions have been delivered since.[9]

One stakeholder summarised the challenge posed by attempting to deliver training alongside high levels of staff turnover.

> "Educating staff around why people make certain decisions, and dynamics in relationships [is important]. I think that is a work in progress here – especially because Slough has a high turnover of staff, so when you're beginning to get the message across they leave and someone has to come in and you have to start again".

In relation to the IFP, staff expressed concerns that turnover was impacting their capacity to deliver sessions with parents. One staff member stated:

> "At this moment I'm a bit worried because me and my colleagues who have been running the group are all leaving. And no training has happened yet with new workers".

During interviews, staff and stakeholders suggested ideas to help ensure the impact of training was more resilient to high levels of staff turnover. These included: (1) encouraging organisations with experience of supporting people affected by DA to come in and speak to staff on a consistent basis, and (2) reviewing SCST's training offer, and looking at leveraging expertise within the organisation to deliver training around DA to staff upon arrival into the Trust, with the aim of training 80% of staff.

Levels of staff turnover have increased significantly among social workers across the public sector since 2012.[10] This has the potential to negatively impact the sector's ability to sustain new ways of working. Nevertheless, delivering training on a consistent basis, and where possible as part of onboarding processes can help to curb this. Providing

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[9] A complete breakdown of the number of sessions delivered is available in Appendix 3: Training completed by SCST staff.

[10] The social worker one-year retention rate in the UK has fallen from 96% in 2012/13 to 87% in 2016/17. Source: https://www.ons.gov.uk/economy/governmentpublicsectorandtaxes/publicspending/articles/isstaffretentionanissueinthepublicsector/2019-06-17 Last accessed, 13th May 2020.

access to education and training can also help services retain staff, due to increased levels of job satisfaction.[11]

Working with children

The DAARR workstream had originally intended to implement a recovery toolkit to assist those affected by DA, including children. The toolkit was a trauma informed, psycho-educational programme which incorporated elements of trauma focussed CBT. However, SCST stakeholders and staff reported difficulties finding enough participants willing to take part in group sessions. It was reported by stakeholders that the toolkit was no longer in place, and that future plans were currently under review. The case file research conducted as part of this evaluation found one reference to the children, young people and adult recovery toolkit, but no examples of this being completed.

Staff and stakeholders reported during interviews that the IFP did not work directly with children. However, staff running sessions would discuss child welfare as part of their group sessions with men and women, before feeding back what was discussed to the relevant social worker.

Violence and Abuse Dynamics Assessments

VADA is a tool for front-line practitioners to assess the 'dynamics' of families who have experienced DA. It was intended to be rolled out to all front-line staff. Monitoring data and documentation concerning the roll-out of VADA was unavailable to the evaluation team, so it is challenging to assess how many staff and practitioners received training concerning this. However, there was no evidence of the tool being used in the 20 post-DAARR workstream case files that were reviewed as part of this evaluation. In addition, key stakeholders and staff were not aware of the VADA tool being in place when asked during interviews.

Leadership

Staff and key stakeholders were positive about the role of leadership in helping to implement the DAARR workstream, particularly during its initial inception. Staff reported that the necessary training and resources were made available to them, and that there was a conscious effort to release staff internally to deliver the IFP.

However, staff reported that more clarity was needed over the future direction of certain elements of the programme. In particular, staff stated that additional training of staff was needed to run the IFP in the future, and that understanding of the function of the IFP

[11] Collins, S., 2016. The commitment of social workers in the UK: Committed to the profession, the organisation and service users? *Practice*, *28*(3), pp.159-179.

within the Trust's broader work on DA needed to improve. In addition, key stakeholders discussed that a lack of documentation around planning and decision-making made it challenging for new staff to ensure elements of the programme were delivered as may have been originally intended.

The Innovation Hub

Core rationale

The original purpose of the Innovation Hub element of the Innovation Programme, as outlined in the funding proposal, was to provide a fast and intensive response to complex families (those with a number of complicating factors) 'on the edge of everything', i.e. on the edge of care, on the edge of CP and on the edge of escalation into care proceedings. Originally, three Enhanced Hubs were intended to be delivered. The Hubs were to be set up to work at tier 2, i.e. below the statutory Child Protection Plan threshold. The following key aims for the Enhanced Hubs were identified in project documentation:

- The Hubs were intended to be able to work with staff from a range of disciplines across different locations.
- To work with the whole family, completing whole family assessments and plans.
- More families were to receive a meaningful earlier intervention.
- More families were to receive the right level and type of assessment, to result in the right intervention being delivered.
- An ambition to have fewer families re-referred to the Trust within a 12-month period.

As discussed above, SCST did not implement three Enhanced Hubs, rather one Innovation Hub was implemented. During interviews, SCST staff and stakeholders identified the following key reasons why the Innovation Hub was needed, including that it intended to work with 'complex' families with a wide range of needs to:

- Reduce the need for external referrals to other services.
- 'Think outside the box' in terms of the support being offered to families.

Staff reported that working in the Innovation Hub gave them the flexibility to design their support based on the needs families identified and implement approaches with longer-term outcomes than they might usually have used. However, as is discussed in the 'Outcomes for children' section, this led to difficulties in monitoring outcomes for families, and concerns as to why those families involved with the Hub were receiving different support to others.

The structure and procedures of the Innovation Hub

Based on documentation reviewed the Hub was managed by a consultant social worker, with a senior social worker and a social worker providing the Hub with capacity to carry out Child and Family assessments.

The lead worker for each family was expected to carry out visits on a weekly basis, over a maximum of a 16-week period. Hub meetings involving all professionals working within the Hub were held each week to discuss cases. Each case would be monitored through three Team Around the Family (TAF) meetings. One meeting would take place upon completion of the initial assessment, followed by a second meeting at the mid-way point to monitor and discuss progress, with a final meeting at the point of case closure.

TAF meetings were attended by the families, as well as the lead worker, and representation from any relevant services who might be able to support the family, including the Police, mental health, drug and alcohol, and mental health. This process was intended to be holistic, in that it considered each family member and their situation, with decisions on actions being 'family-led', being based on needs identified by the family.

Reduction in the number of Hubs

Since the programme began the planned number of Hubs was decreased from three Enhanced Hubs, to one Innovation Hub. Staff and stakeholders were asked about the change in the number of Hubs, but were either unaware of the original plan, or were not aware of why the decision to reduce the number of Hubs was taken.

Closure of the Innovation Hub

As of April 2019, the decision was made to close the Innovation Hub, and for staff to be redistributed to work in other parts of the Trust. Documentation provided by SCST suggests that whilst there was a belief among key stakeholders that the Hub was able to build positive relationships with families, there was no evidence that the Hub kept more children out of care than other areas of the Trust. This was a key outcome area identified in the Hub's logic model. In addition to this, several explanations for the closure of the Hub were offered by staff and key stakeholders in interviews:

Unclear inclusion criteria for deciding who would be eligible to receive support through the Hub was highlighted as a concern. Staff and key stakeholders suggested that the relatively small caseloads and the more time-intensive nature of the work (for example, longer time spent in assessment, and more visits to families) were significantly more resource intensive than practice elsewhere, and that it was not always clear why some families had access to this support whilst others did not. There was therefore a suggestion that this resource could be better shared more equitably across the Trust.

High levels of staff turnover meant that the core rationale for the Hub had become 'diluted' over time. Staff interviewed observed that new staff who joined the Hub were not always informed what its purpose was, and therefore over time it became harder to distinguish practice within the Hub from that elsewhere within the Trust. This was linked by staff during interviews to concerns around a perceived lack of clarity over the planned methodology or intended outcomes for the Hub. One staff member reported:

> "People have their own style of management. They wouldn't take on board what the Hub was about."

Staff accounts during interview emphasise the importance of clear documentation and communication with staff across the Trust regarding new ways of working. Without these, programmes are particularly vulnerable to the challenges posed by staff turnover.

Engagement

DAARR

This section focusses on engagement with the IFP, primarily because this was viewed by key stakeholders and staff as the most significant part of the DAARR workstream, but also because, as outlined above, documentation, data and information about the other elements of the workstream were less clear and available to inform this evaluation. Monitoring data provided by SCST shows that a total of 85 victims and 83 perpetrators have attended the IFP since it began. Data was not available on how many of the 10 sessions were attended by each victim and perpetrator. This provided a challenge to the outcomes analysis for the evaluation, in that we could not explore the relationship between sessions attended and possible impact on outcomes. Staff, key stakeholders and victims and perpetrators who attended the group sessions identified a range of factors which affected engagement with the IFP. These are discussed below.

Referral process

Staff interviewed expressed concerns that inadequate training and awareness relating to the IFP could result in a lack of clarity over the correct referral process and criteria for referral. For example, one staff member observed it as important for staff to make sure the perpetrator of DA is not present with the victim when the initial referral to the IFP is made.

There was evidence from case files that a referral to the IFP could form part of the CP planning process undertaken with families. Victims and perpetrators both reported that the programme was presented to them as an important, or even necessary step, if they wanted to keep their family together. This was often cited by parents and carers as the key reason that they agreed to take part in the course.

It should be noted that whilst some parents reported feeling the course was necessary, attendance of the IFP was voluntary. In some case files reviewed, there was evidence that attendance of the IFP was included as part of an action plan for families during assessment. This could explain why parents and carers felt their attendance was necessary.

Eligibility

As previously observed, the IFP consisted of separate group work with male perpetrators and female victims. During interviews, staff acknowledged that this provision did not consider instances of DA occurring within same-sex couples, or instances where men were victims. Furthermore, staff observed examples where the lines between victim and perpetrators of DA were less clear.

Whilst perpetrators of DA are disproportionately male, and therefore the support offered through the IFP is likely to be suitable in the majority of cases, consideration is also needed regarding what provision is available for those for whom the IFP would not be appropriate.[12]

Engagement

Whilst there is no data available which identifies the total number of families referred to the IFP, or indeed who were engaged by the DAARR workstream generally, compared to the number which attended the IFP, evidence from case files suggests that staff did face challenges in encouraging those referred to attend. Of the 20 case files reviewed for the period during DAARR (as opposed to the 10 files reviewed for children before DAARR), five children had parents who attended the programme. In three of these case files, the mother was described as being more engaged with the IFP than the father. Two women who attended the IFP and were interviewed explained that their partners were initially resistant to attending the course. One stated:

> "The worker […] advised, that if we wanted to stay together for the sake of my child then we should go through [the programme] to help our relationship. My husband wasn't happy. He said there was no need for advice and that he knew everything."

In addition to believing that the course was necessary in order to keep their family together, both men and women identified a number of key motivations for engaging with

[12] As of March 2019, in 75% of recorded instances of domestic abuse the victim was female. Source: ONS, 'Domestic abuse in England and Wales overview: November 2019', last accessed May 2020. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2019

the programme during interviews. Among men, the following reasons were most consistently identified:

- They felt the programme was necessary if they wanted to keep their family together.
- To better understand and manage their own emotions and issues.
- To understand more about what domestic violence is.
- To help improve their relationship with their partner and/or their child.

Among women, the following reasons were most consistently identified:

- To create a better environment for their child(ren).
- To better understand how to communicate with their partner.

Accessibility

Interviews with stakeholders, staff, and women who attended group work raised concerns regarding the accessibility of the IFP for victims of domestic abuse.

Sessions for women were held during the day, with childcare support offered, whilst men's sessions were offered in the evening, outside of normal work hours. Concerns were identified by staff that this approach did not accommodate women who worked. Whilst none of the women interviewed raised concerns about the timing of the courses, ensuring that courses are accessible to both women who work during the day, and men who work at night is a key consideration in the delivery of this and similar programmes. This could be achieved by offering courses which takes place at times that meet men and women's needs, just as efforts have been made to offer courses in community languages in addition to English.

Women who had attended the course also commented that they often relied on their husband to take them to the group sessions, which raised potential safeguarding concerns. One woman reported:

> "For me it was quite a long way to go and I don't drive, so I had to ask my husband to take me there every week, but I understand they do it because there are mums with young children who needed to use the nursery. But there was no parking, my husband was okay about it. They have people who have abusive partners, and they were telling people to tell their partner to park on the street not in the centre."

Providing support for victims who might rely on partners for transport is essential in ensuring that the IFP can be accessed safely. Asking partners in potentially abusive relationships to give their husbands instructions could risk placing them in a vulnerable situation. It is unclear whether staff were aware of the transport arrangements victims

had in place, but this represents a key safeguarding issue that programmes should consider.

Language barriers

Staff, key stakeholders and those attending the IFP all observed that for a number of people on the course English was not their first language, and therefore completing the course in English proved challenging. In response to this, the Trust did offer courses in Arabic, Urdu and Polish. Victims and perpetrators both reported that having the programme available in their first language was helpful.

Despite this, staff still identified the need to hire interpreters as a key challenge when delivering the programme, which was perceived as costly both in terms of resources and time. One staff member observed that having staff who spoke different languages was a useful tool in getting families to engage and preferable to having to bring in an interpreter:

> “It’s very important because otherwise the message can be lost through interpreters. We get better engagement from families once they understand that you speak their language.”

Completing the programme and follow-up

The IFP group sessions lasted for 2 hours for both men and women, with 10 sessions usually offered over a period of 10 weeks. Both staff and participants suggested that the length or number of sessions could be extended, and that additional support should be made available to those who had completed the programme.

In particular, both victims and perpetrators observed that whilst the content of the course was valuable, more time was needed for this to be understood, and for change to be realised. One perpetrator complimented the depth of information available on the course but observed that it was difficult to retain all this information. He suggested that an opportunity to take part in a refresher course would be beneficial:

> “10 weeks flew by, most of us were shocked it was over. I mentioned on the course that you learn so much, but you forget it. This is why I wanted to redo the course.”

A woman on the course expressed a similar concern, suggesting that the programme was not long enough for social workers to truly understand whether families had really been able to change their situation. She suggested that there should be a greater level of active follow-up with those families who attended the course:

> “Nobody can change in a few weeks. They should call us once a month to check and assess what's going on. Sometimes people don't tell what's happening. I think once a month for the class they should call the families and check with them.”

This opinion was echoed by a member of staff involved in running the IFP, who said that whilst it served as an effective way of understanding more about the dynamics within families and informing social worker assessments, further intervention beyond the 10-week IFP programme should be considered.

Women commented that they had enjoyed sharing within their group, and that they would have liked for that to continue in some format. Two women observed that there had been discussions with staff at the Trust about setting up a coffee group for the women once they had completed the course, but that this had not materialised:

> "It was nice to be in a group of other women who weren't in my social circle and offload without thinking it was going to get back to the family. What I would have liked would have been if they'd developed that into the coffee mornings, which unfortunately didn't happen."

The Innovation Hub

Monitoring data provided by SCST suggests that the Hub worked with 242 families and 513 children before it was closed.[13] This section provides evidence from staff, key stakeholders, case files reviews, and parents the Hub had worked with which detailed the ways in which the Hub provided support to families.

Initial engagement

The five parents/carers interviewed who had received support through the Innovation Hub gave varying accounts of how they came into contact with the Trust. Two were referred to the Trust through their child's school, 2 said they had pre-existing relationships with social workers and could not recall their first contact, and 1 said they reached out to the Trust for support themselves.

Holistic family-led action planning and support

There was evidence from case file reviews that the action plans and support packages developed for those supported by the Innovation Hub considered the needs of each member of the family, and decisions about the support required were led by the family themselves. Of the 14 cases reviewed that were supported by the Hub, 12 (86%) showed evidence of family involvement in the planning stage, whilst 13 (93%) showed evidence of developing a holistic plan which considered the needs of each member of the family.

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[13] This figure is taken from the data used as part of the outcomes analysis, where outcomes for 242 children were recorded, with one child per family supported through the Hub. 14 of these children were excluded from the outcomes analysis as they were yet to be born and as such outcomes prior to intervention could not be recorded. The figure of 513 children was provided by SCST monitoring data.

An example from the case files included a mother who was supported to access a DA programme whilst her child was supported with their medical and educational needs.

Staff reported that transparent action-planning which involved the families was a central part of the Hub's approach to working with families. Staff observed that this was intended to be led by the families themselves, and where they felt they needed support the most. One member of staff summarised this approach:

> "What we think is a priority might not be what they think, you need to get on the same page as these families to work with them."

Of the five parents and carers interviewed who had received support from the Hub, one made a direct reference to the action-planning process, whilst four of the five described different types of support made available to them and their children. Examples of support packages included: parenting advice offered through a family support worker, referrals to DA programmes such as IFP or the Freedom programme, and additional educational support for children with special educational needs. Whilst parents and carers interviewed observed that an effort had been made to consider the needs of each member of their family, there was a suggestion that not all decisions had been based on what they felt their greatest needs were.

Multi-agency discussions

Evidence from case file reviews and interviews with staff suggest that multi-agency discussions were central to the work delivered by the Hub. Of the 14 case files reviewed which received support from the Hub, 11 (79%) showed evidence of multi-agency working during the implementation of action plans surrounding a case. Examples of the kind of multi-agency work found in case files included: clinician visits to a family home; police visits to discuss behaviour; family support worker visiting a child at school; mother offered tenancy support; family support worker providing direct work with parents to discuss the impact of DA on a child; child referred to youth services; employment support; police from the Innovation Hub supporting a parent with DA; and housing and debt support.

Staff also spoke positively about the extent of multi-agency, multi-disciplinary discussions occurring for cases supported by the Hub. Staff discussed the range and extent of experience within the Hub, and the frequency with which professionals met to share ideas about cases. One member of staff commented:

> "You had someone who could support families with drug and alcohol, youth worker, police, a multi-disciplinary hub."

Step-down

Regarding the step-down from support offered by the Hub, staff expressed concern that the nature of the step-down in support after the end of the intervention could mean that families struggled to maintain positive changes once the Hub's support was withdrawn. One staff member reported:

> "I wonder whether we could have done more to give them the skills to maintain a positive scenario. It was intense the service we were providing, to go from that to trying to maintain themselves, and without the step-down (we did try to do that), is hard. In terms of future learning I think that's something we should consider. It's about enabling families rather than rescuing them. Long term, the rescuing doesn't enable them to reach out for the support that they need."

Examples of efforts made to make the step-down following the Hub's work with families included referrals and signposting to relevant agencies. Documentation outlining the relevant procedures for the Innovation Hub state that a multi-agency meeting should be held at the point of case closure. However, no formal guidance on how to offer an effective step-down in support was available in the documentation we received from SCST to inform this evaluation.

Providing families with effective step-down support following interventions is important to ensure that positive outcomes can be maintained. Examples suggested by stakeholders and staff included:

- Assisting with referrals to other services and following up to establish whether this support has been taken up by families.
- Arranging a follow-up with both families and services to check in on longer-term progress.
- In instances where parents or carers have accessed support through group work such as the IFP, facilitating the maintenance of these groups once the intervention has ended can offer an important source of ongoing support.
- Having a clearly documented step-down process in place.

Outcomes for children

DAARR

There was evidence from case file reviews, the outcomes analysis and from interviews with participants on the IFP relating to outcomes for children. However, as interviews with staff and a review of case files suggest that the children, young person and adult

recovery toolkit is no longer in place, the DAARR workstream did not involve significant direct work with children.

Children less likely to witness DA in the home

Among the 20 case files we reviewed after DAARR was implemented, children were reported to have witnessed less DA at home than those cases completed before the implementation of the DAARR workstream. 13 of the 20 (65%) cases reviewed during DAARR experienced a positive outcome in this area, compared to only 3 out of 10 (30%) for those conducted before DAARR was implemented.[14]

This evidence was supported by interviews with IFP participants, who reported they had been more conscious about arguing in front of their children following their participation in the programme. This was consistently emphasised by both men and women as one of the key changes they had made since attending the programme.

Children's wellbeing

From a review of 20 case files conducted during DAARR, 13 (65%) provided evidence of children being happier following the intervention from the Trust. Participants in the IFP who were interviewed reported that they had noticed a positive improvement in their children's behaviour after completing the course. In particular, parents or carers reported that their children seemed more confident and happier since they had made adjustments to their home environment, which they attributed to the programme.

Children's safety

Evidence from case file reviews suggested that children were safer following intervention by the DAARR workstream, with 14 (70%) of cases out of 20 reviewed completed during DAARR achieving positive outcomes in this regard, compared to 3 (30%) out of 10 cases reviewed of those completed before DAARR. Most parents or carers who were interviewed agreed that their children were safer following their engagement with the IFP.

Further evidence relating to the safety of children is available from the outcomes analysis. This examined the statutory status of children in a 6-month period prior to and following the involvement of their parent or carer in the IFP and compared this with an equivalent comparison cohort. Table 1 shows that the average amount of time spent at each statutory status decreased for children in the IFP group but increased for the comparison cohort. None of the children in the IFP cohort spent time as CLA in the 6 months following their relatives' involvement with the Inspiring Families programme.

[14] This finding should be treated with caution due to the relatively small numbers involved.

Caution should be taken in interpreting this analysis. This is because there is a disparity between the IFP cohort and the comparison cohort in terms of the amount of time spent at each statutory status before the intervention took place, which exaggerates the extent of the change when comparing the two groups. However, the IFP cohort returned a lower average number of days at each statutory level in the 6 months following the intervention. Whilst caution should be applied due to the limitations in the comparison group, this does suggest that the IFP formed part of an effective intervention to reduce the number of children moving into the statuses of CP or CLA.

Table 1 Average number of days spent at each statutory status in 6 months before and after intervention for IFP (n=78) and comparison (n=116) cohorts

Statutory status	IFP count before	IFP count after	IFP Change	Comparison count before	Comparison count after	Comparison change
CIN	48.2	14.2	-34.0	0.2	17.6	+17.4
CP	86.3	3.1	-83.2	3.3	26.2	+22.9
CLA	2.7	0.0	-2.7	0.0	2.9	+2.9

Source: SCST data

The Innovation Hub

Family issues which impact on children and young people are addressed sooner

Staff reported that the Hub enabled them to address issues (e.g. substance misuse, housing, mental ill-health) impacting families sooner than might otherwise have been allowed. In particular, the ability to share information and refer families to other agencies internally was seen as a crucial way that the Hub was able to reduce the amount of time taken to meet families' needs. One member of staff offered the example of requiring information from the Police:

> "Having a policeman on board, we could get information on that person, whereas any other way we wouldn't be able to do that, we didn't have that access, and the more information we had the better we were equipped to deal with the family. We obviously still prioritise families now, but we have to go in a longer route to get information, and someone like me couldn't get it, it would have to be a manager."

Documentation from SCST outlines procedures to ensure that, where possible, consent was gained from families for information to be shared. However, in situations where there were safeguarding concerns raised, information could be shared without consent. Staff also observed that the multi-agency, multi-disciplinary nature of the Hub enabled them to ensure that they were able to identify and respond to a variety of needs within families: One staff member commented:

> "I had one family where there was suspicion of DA, but when you dug deeper there was extreme poverty, housing issues, employment issues, maternity needs. That was a massive success story because we were able to meet all those needs internally – we wouldn't have been able to do that in a team where all those external referrals were needed."

Children moving into CLA

There was limited evidence that the Innovation Hub was able to reduce the number of children moving into CLA. 2.2% of the Innovation Hub cohort experienced an episode of CLA prior to the intervention, whilst 1.8% experienced an episode in the six months following the intervention. The comparison group experienced a slight increase from 1.6% prior to the intervention, to 4.7% in the six months afterwards. The difference between the cohorts is detailed in Table 2.

Table 2 Number and percentage of children who experienced a CLA episode before and after intervention for Innovation Hub (n=228) and comparison (n=64) cohorts

Group	Count before	Percentage before	Count after	Percentage after
Innovation Hub (n=228)	5.0	2.2%	4.0	1.8%
Comparison (n=64)	1.0	1.6%	3.0	4.7%

Source: SCST data

This evidence was consistent with staff and stakeholder views who suggested during interviews that whilst there was positive work occurring with children and their families, they were aware of a number of cases which were still escalated to CLA or CP during the period of the Hub. Staff and stakeholders offered differing accounts of why this might have been the case. Some suggested that the Hub was not given sufficient time to work and was hampered by increasing demand for services across the Trust and high levels of staff turnover.

Outcomes for victims

Outcomes for this section relate to the DAARR workstream only. This is because the logic model for the Innovation Hub does not detail outcomes relating to victims.

There was evidence from interviews with victims, case files, and interviews with staff that women who attended the IFP were able to achieve positive outcomes in the areas detailed below. It should be noted that interviews were conducted with women who attended the IFP, and therefore do not account for those families that did not engage with this aspect of the DAARR workstream.

Incidents of DA

There was no data available outlining any change in the levels of DA experienced following attendance of the IFP. However, case files showed reported reductions in incidents of physical violence and coercive control. For cases reviewed ‘during’ DAARR 14 out of 20 (70%) showed at least some evidence of a reduction in domestic violence, compared to 2 out of 10 cases reviewed ‘before’ DAARR (20%).

Women who had been through the IFP suggested that it had a positive impact on the level of confrontation between themselves and their partner, particularly, relating to the following areas:

- Their partner was better able to manage their anger and emotions.
- It had become easier to communicate with their partner.

Safety

Increasing women’s safety within their relationship, should they decide they want to remain with their partner, was described as an important goal of the IFP. Key stakeholders reported that this was achieved by creating an environment where women felt comfortable sharing their experiences, which in turn would help social workers make informed decisions around a particular case. There were examples within the case files of families supported during DAARR of lead workers consistently checking in with women to discuss whether they felt safe, and ensuring that they were aware of what support was available to them, and what to do if they did not feel safe.

This finding was supported by women interviewed who had been through the IFP reported feeling safer following the end of the programme. During interviews with women who attended the IFP, the following reasons for increased feelings of safety were identified:

- A better understanding of their rights and UK law regarding domestic abuse.
- Knowing they had someone at SCST to support them.
- Confidence that their partner was better able to manage their emotions.

Confidence and reduced isolation

An increased level of confidence was one of the most frequently identified areas in which women on the IFP said they had been able to make improvements. Often this change came from an increased understanding of their rights as UK citizens. One victim reported:

> “I was from a different country, so I wasn't aware of all my rights. The advice I received help me understand.”

Another common theme linked to increased levels of confidence was reduced isolation. Women reported that prior to attending the programme, their partner would restrict when and whether they were allowed to leave the house. However, the increased confidence they gained from attending the course helped them to reduce the extent of their isolation. One victim reported:

> “At first I didn't have confidence, my husband is very controlling which is why I got scared and wouldn't go out the house but now I've managed to deal with my fear so if I want to go out I can take my children and I can go out.”

Another woman observed that the programme had taught them the value of finding time for themselves:

> “I have been isolated for 10 years but now I've started going out – they taught us to give time to yourself. Love yourself.”

Women also reported that realising that others were going through similar experiences helped reduce their sense of isolation. In this sense, group work was identified as a key component of the programme’s success.

Understanding of DA

Providing education to women on what constitutes DA was identified as a key aspect of the IFP by staff and stakeholders. This was reinforced by women who had attended, who reported that the course had helped them to expand their understanding of DA. 11 of the 20 (55%) case files reviewed during DAARR gave examples of women demonstrating an improved understanding of DA. One woman interviewed provided an example of how the programme had expanded her understanding of abuse beyond physical actions:

> “My husband would shout at me and abuse me and financially control me, and now I've learned that this is abuse. Before if he didn't let me go anywhere. I would say, he is husband he is right, but this is abuse. To control someone like that.”

Outcomes for perpetrators

Outcomes for this section relate to the DAARR workstream only. The logic model for the Innovation Hub does not detail outcomes relating to perpetrators.

There was evidence from interviews, case files, and interviews with staff that men who attended the IFP were able to achieve positive outcomes in the areas detailed below. However, it should be noted that evidence from case files and interviews with staff

suggested that engaging men and encouraging them to attend the programme was challenging. Therefore, it is difficult to comment on the extent to which men who did not attend the IFP, but whose partners did, achieved positive outcomes as a result of the work of the DAARR workstream.

Better responses to stressful situations within relationships

As outlined above, there was no data available for this evaluation detailing any reduction in recorded incidents of DA. However, perpetrators did report feeling better able to cope with stressful situations within their relationship due to the advice offered to them on the course. One man stated that the course had helped him improve his response to feeling angry with his partner:

> "If you're in a relationship and you feel antagonised, what you can do is think about your thoughts, feelings, physical behaviour, and think about what you can do to remove yourself from the situation. It's not an easy thing to do – you've been set in your way for so long it's hard to change. But that's why they encourage you to use it in everyday life. And the more you do that the more you will do that down the line."

This is consistent with the accounts women provided in relation to their partners. In particular, one woman observed that her husband had learned to give her space when she is upset, rather than arguing with her. She said:

> "We've learned that if one is angry the other gives space. Now he knows when I'm angry he now goes out and sees his friend, so now he's learned to give me some space."

Staff reported that encouraging perpetrators to develop healthier responses to stressful situations was central to the intended impact of the IFP. Staff stated that the first step to this was often acknowledging the impact of their behaviour on their family, which was then followed by identifying the right support and coping strategies to avoid this behaviour. Regarding the latter, one member of staff reported perpetrators made positive progress:

> "One of the areas where you see changes is that we have a number of men who at the end are asking what other support there is available. The fact that they're asking for support similar to what they've received is a positive thing."

Despite examples of positive changes, both women who attended the IFP and staff reiterated concerns that a 10-week long course was not sufficient to ensure they would be sustained. This is consistent with contemporary research on DA perpetrator programmes. For example, the Project Mirabal report into the efficacy of various perpetrator programmes distinguishes between behaviour disruption and behaviour

change. The former of these can be realised through shorter interventions, whilst behaviour change requires interventions of greater length and depth.[15]

As discussed earlier in the 'Implementation' section, some men who attended the course discussed a desire to have the opportunity for a refresher course, which would allow them to revisit some of the materials learned over the initial 10 weeks. These findings reinforce the need to explore the potential of longer programmes or to deliver appropriate step-down provision.

Understanding of DA

SCST staff and key stakeholders identified improving understanding of the impact of DA on their families as a key outcome area for perpetrators attending the IFP. Men who had attended the course reported that it had helped to broaden their understanding of what constituted DA. One stated:

> "I thought that only hitting and beating was domestic violence, but now I know that there are wide definitions of domestic violence, now I know it's broader."

Healthier relationships with children

As well as controlling their anger around family members, men who had attended the course reported that it had taught them the importance of communicating more with their children. One reported:

> "I talk to my children. Where we come from, talking about feelings is mocked. I have this barrier to share my own feelings – people say you're a man, man up. Now I understand we have feelings and we should share them. I ask my children how they feel, if they're happy. I talk to them about their feelings and I think that's the main achievement from this course."

Outcomes for practitioners

Outcomes for this section relate to the DAARR workstream only. The logic model for the Innovation Hub does not detail outcomes relating to practitioners.

[15] Kelly, L. and Westmarland, N., 2015. Domestic violence perpetrator programmes: Steps towards change. Project Mirabal final report.

DAARR

Increased practitioner confidence regarding DA

Staff suggested that whilst some within the Trust had been working with perpetrators since before DAARR was introduced, certain aspects of the workstream, in particular, the IFP and 1-to-1 support, had formalised this as part of the Trust's response to DA.

Initial training provided in relation to working with abusive men was described as a positive step towards building confidence in how to approach DA. However, there were concerns that high levels of staff turnover within the Trust and a drop off in the number of sessions delivered would hinder the extent to which this training had a sustained impact on practice. One key stakeholder reported:

> "Educating staff around why people make certain decisions, and dynamics in relationships is essential. I think that is a work in progress here – especially because Slough has a high turnover of staff, so when you're beginning to get the message across they leave and someone has to come in and you have to start again."

Evidence-based decision-making

Evidence from case file reviews suggests that conclusions and decisions made within assessments were well-evidenced and based on a clear rationale. However, this did not represent a significant change from those cases reviewed before DAARR was introduced. For example, in 9 out of 10 (90%) of the cases reviewed before DAARR, the decision to close the case was at least to some extent well-evidenced. For those cases reviewed during DAARR, this figure was 17 out of 20 (85%) cases.

However, staff and key stakeholders reported that the DAARR workstream, specifically the IFP, had helped staff to make more informed decisions in relation to cases. The main way in which staff felt this was achieved was through feedback provided by those running the IFP group sessions to social workers describing the situations of parents or carers attending the sessions in greater detail. Social workers would then use this information to help inform their decision-making. A key stakeholder commented:

> "They've got more processes around linking with the other teams and social workers so that ongoing assessment and feedback seems to be working."

A 'whole family' approach

Evidence from case files suggested an improvement in the extent to which the needs of the whole family were being considered following the introduction of the DAARR workstream. The offer of holistic support was most evident in case files at the planning stage. In those reviewed prior to DAARR, only 2 out of 10 cases (20%) were seen to offer

some sort of holistic support package. For those reviewed after DAARR, this figure rose to 16 out of 20 cases (80%).

Staff and key stakeholders reported that there had been a renewed emphasis on the relationships within families since the introduction of the DAARR workstream. In particular, the extent to which practitioners sought to engage with perpetrators was identified as an area of improvement. One key stakeholder observed:

> "Before it was more 'men are bad, women are victims', and the solution was seen as the victim's responsibility. It is now acknowledged that it is more complicated, and we need to work with both."

Outcomes for the system

DAARR

Cost-benefit

Evidence from the outcomes analysis and cost-benefit analysis suggests that the IFP is likely not to have provided a benefit in terms of cost during the period of the funding (see Appendix 2 for more detail). Table 3 details the total cost for the IFP and comparison cohorts in the 6 months before and after an intervention from the Trust, as well as the net cost when accounting for the cost of the DAARR workstream. This was established using data on the number of referrals and days spent at each statutory status (CIN, CP and CLA) and applying tariffs to each.

It shows that whilst the IFP cohort showed a reduction in cost in the 6 months after the intervention took place, these estimated cost reductions were outweighed by the cost of the programme. The DAARR workstream had an estimated net cost of £307,335. It should be noted that this analysis does not consider the wider benefits of other aspects of the DAARR workstream, such as the 1-to-1 work with perpetrators, or training for staff. It also does not consider other benefits children and families may have experienced because of the DAARR workstream.

Table 3 Estimated total cost of statutory care and referrals for children in IFP (n=78) and comparison (n=135) cohorts

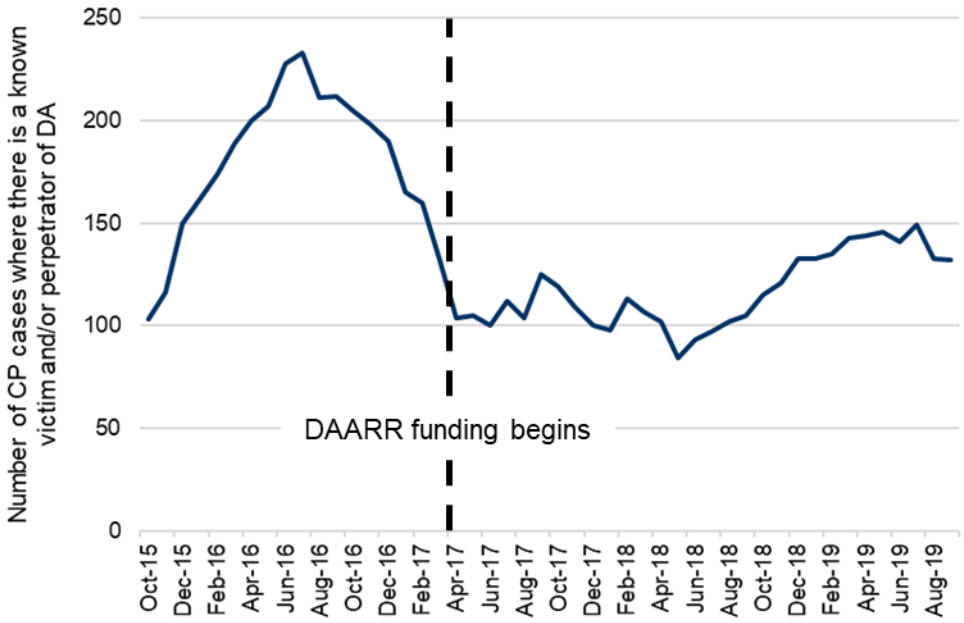
Time period	IFPs cost (n= 78)	Comparison group cost (n=135)	Comparison group scaled down cost (n=78)
Six months before	£147,448	£16,680	£11,216
Six months after	£12,749	£105,261	£70,779
Cost difference	-£134,699	£88,581	£59,563
Estimated saving for the IFP cohort	£194,262		
DAARR workstream cost	£501,597		
Estimated net cost	**£307,335**	**£88,581**	**£59,563**

Source: SCST data

Number of DA related CP cases

One of the stated aims identified in the funding proposal for the SCST Innovation Programme was to reduce the number of CP cases where there was a known perpetrator by 20%. Figure 1 shows that following an initial reduction in the number of CP cases relating to DA, this figure has since increased to a higher level than when funding for the DAARR workstream began. This shows that this aim has not been met.

Figure 1 The number of CP cases where there is a known perpetrator of DA each month



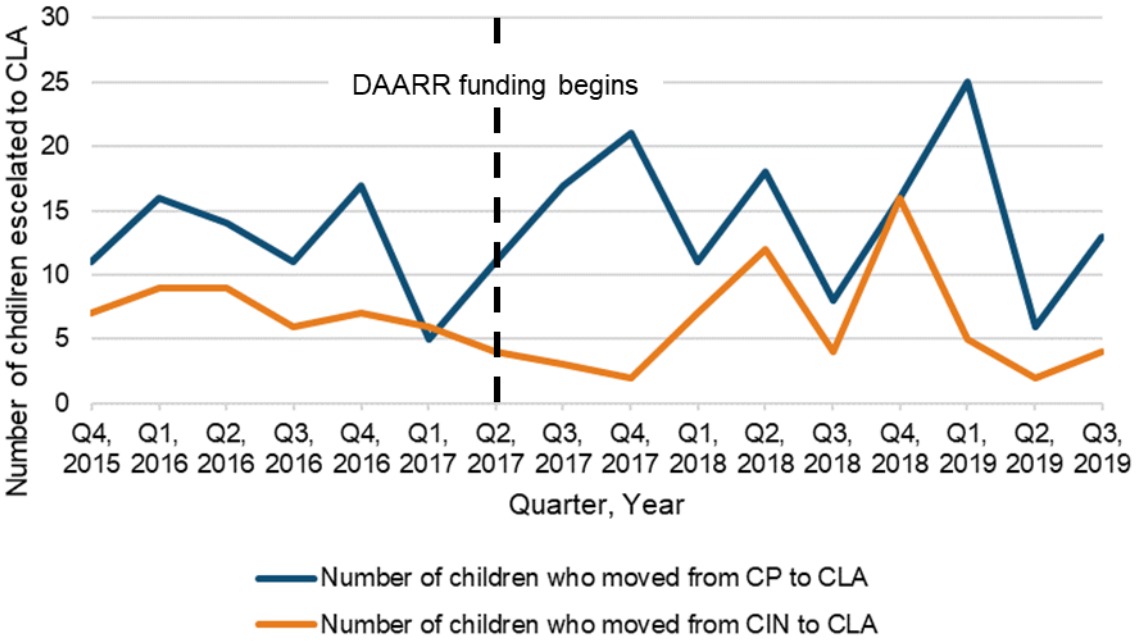
Source: SCST data

The number of children becoming CLA

Monitoring data from SCST suggests that the number of children becoming CLA has fluctuated since the introduction of the DAARR workstream, which means the programme was not able to meet the stated aim of reducing this number. Figure 2 shows that the number escalated from either CIN or CP status when the DAARR workstream began was 15 in total, whilst the number escalated in the most recently available quarter was 17.

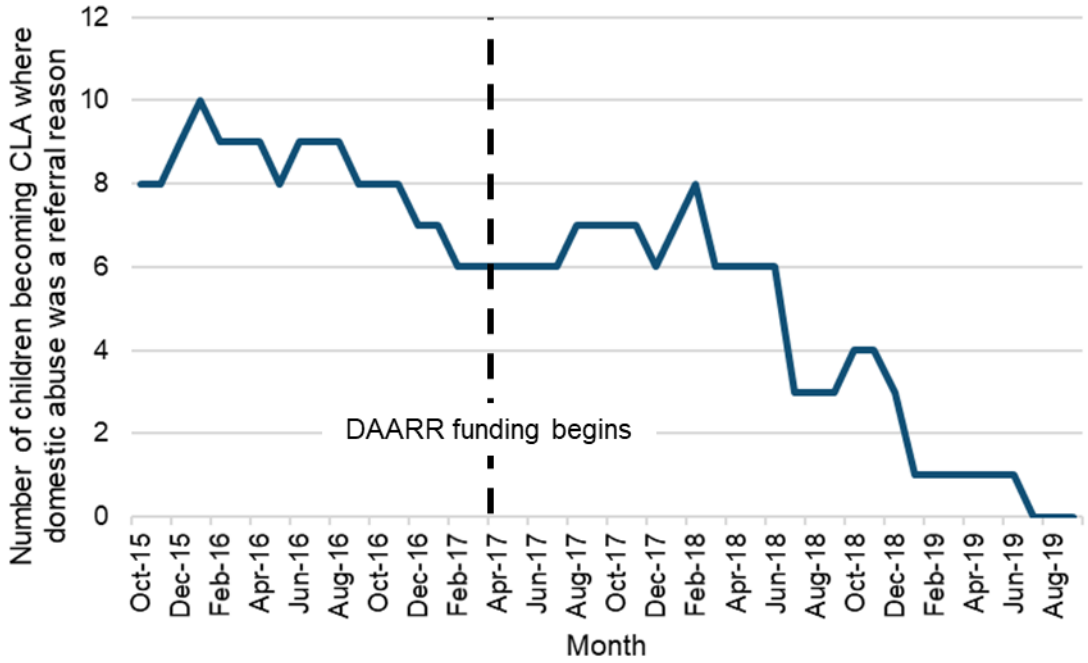
However, the number of escalations with DA as a referral reason have reduced from 8 in October 2015, to 0 in August 2019. Figure 3 shows that the number of these referrals peaked at 10 in December 2015, whilst the most recently available data shows no referrals in August and September 2019. This suggests that whilst the programme was not able to achieve a decrease in the number of children becoming CLA, the reasons for children becoming CLA were less likely to be related to domestic abuse than prior to when DAARR was in place.

Figure 2 Number of children escalated to CLA by financial quarter



Source: SCST data

Figure 3 Number of children escalated to CLA where DA was a referral reason

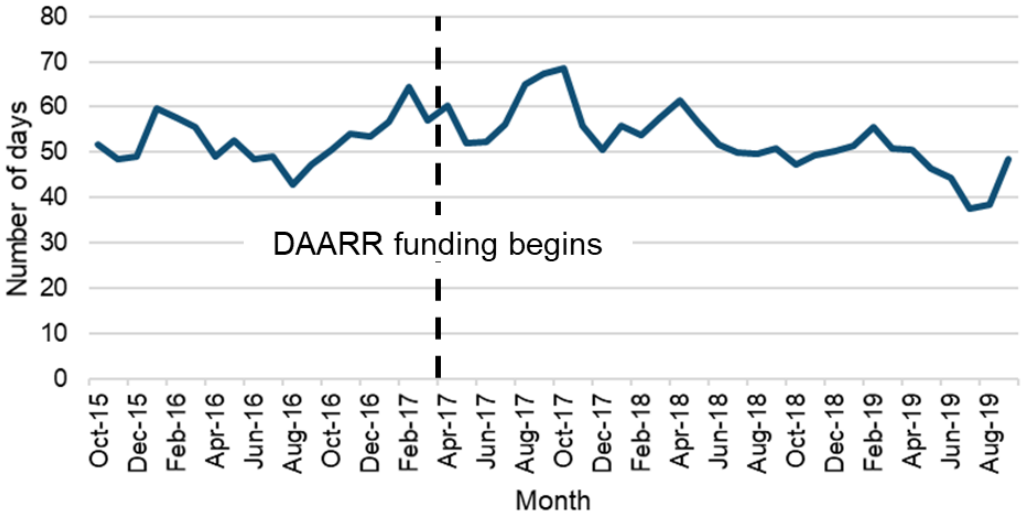


Source: SCST data

Time between case allocation and completion of assessment

One of the stated aims of the SCST Innovation Programme was to reduce the amount of time between case allocation and the completion of an assessment to 25 days. Figure 4 shows that whilst the average number of days has reduced since the programme was funded, it has not yet reached this target. In April 2017, when funding for the programme began, it took on average more than 60 days for an assessment to be completed. This figure was below 50 days for the most recently available data (September 2019). The shortest average time (37.5 days) was recorded in July 2019.

Figure 4 The average time between case allocation and completion of assessment each month



Source: SCST data

The Innovation Hub

Cost-benefit

Evidence from the outcomes analysis suggests that the Innovation Hub is likely not to have provided a benefit in terms of cost during the period of the funding (see Appendix 2: Innovation Programme). Using data on the number of referrals and days spent at each statutory status (i.e. CIN, CP and CLA) and applying tariffs to each, Table 4 details the total cost for the Innovation Hub and comparison cohorts in the 6 months before and after an intervention from the Trust, as well as the net cost when accounting for the cost of the programme. It shows that whilst the Innovation Hub cohort resulted in a lesser increase in cost between time periods, when accounting for the cost of the programme the Innovation Hub was a more expensive intervention. Based on the available data, the Innovation Hub can be estimated to have a net cost of £559,468. However, it should be noted that this analysis does not consider any other benefits that support from the Hub may have contributed to for young people and families.

Table 4 Estimated total cost of statutory care and referrals for children in Innovation Hub (n=228) and comparison (n=64) cohorts

Time period	Innovation Hub cost (n=228)	Comparison cost (n=64)	Comparison scaled up cost (n=228)
Six months before	£177,243	£13,556	£48,293
Six months after	£197,388	£117,530	£418,700
Cost difference	£20,145	£103,974	£370,407
Estimated saving for the Innovation Hub cohort.	£350,262		
Innovation Hub cost	£909,730		
Estimated net cost	**£559,468**	**£103,9734**	**£370,407**

Source: SCST data

The number of Early Help and CIN assessments being completed each week

One of the stated aims outlined in the funding proposal for the Innovation Programme was to increase the number of Early Help assessments being completed each week to 43, whilst decreasing the number of CIN assessments to 28.

Table 5 shows the average number of assessments completed at each level before, during and after the Innovation Hub was implemented. It shows that whilst the number of children receiving assessments for CIN did decrease during the period the Hub was active, there was also a decrease in the number of Early Help assessments being completed. The data suggests that the Innovation Programme has not supported SCST to meet its intended targets in this area.

Table 5 Average number of Early Help and CIN assessments completed each week before, during, and after the Hub

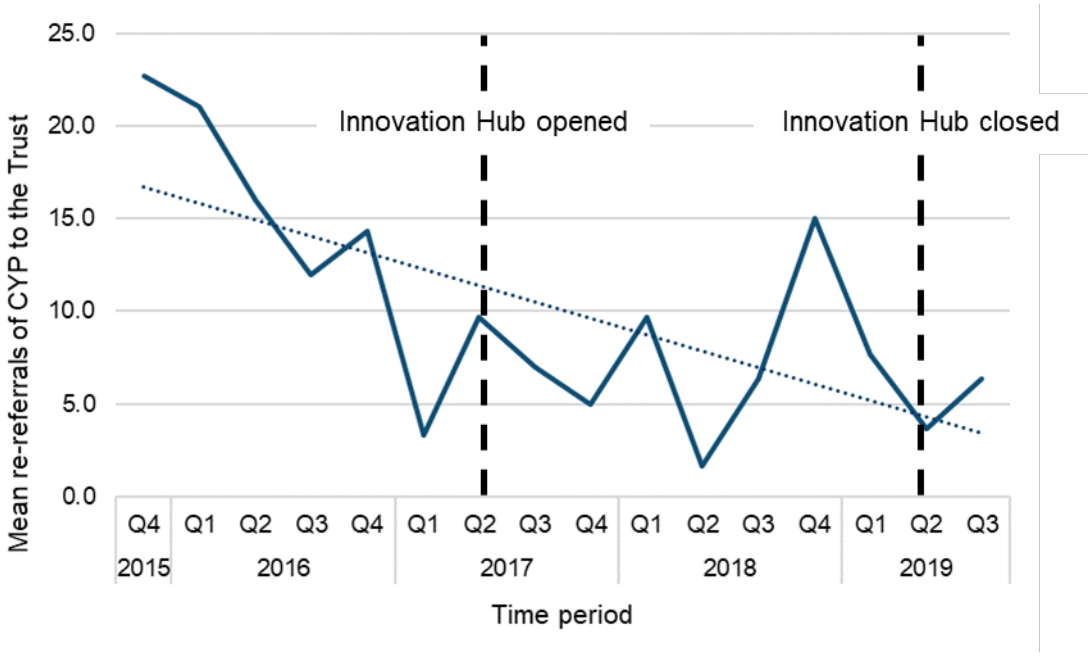
	w/c 05/10/15 – w/c 20/03/17	w/c 27/03/17 – w/c 25/03/19	w/c 01/04/19 – w/c 23/09/19
Assessment	**Before the Hub**	**During the Hub**	**After the Hub**
Early Help (Level 1)	26.2	14.2	20.3
CIN (Level 2)	48.5	32.6	41.7

Source: SCST data

Re-referrals

Another key aim of the Innovation Programme was to reduce the number of re-referrals into the Trust. Both monitoring data and data from the counterfactual outcomes analysis suggest that whilst the number of re-referrals has decreased in the time during which the Hub was implemented, it is not possible to attribute this reduction to the Hub. Figure 5 shows the average number of re-referrals to the Trust per quarter. It suggests that whilst re-referrals did decrease during the time the Hub was in place, this was part of a broader trend which began prior to the Hub being implemented.

Figure 5 Average number of re-referrals to the Trust per quarter



Source: SCST data

The monitoring data is supported by evidence from the outcomes analysis. Table 6 and Table 7 show that both the Innovation Hub cohort and the comparison cohort displayed a proportionally similar reduction in the number of referrals to the Trust after an intervention had taken place.

Table 6 Number of referrals for children in Innovation Hub cohort (n=228)

Referrals	Before	After	Change
Referrals	138	13	-125
Mean referrals per child	0.61	0.06	-0.55

Table 7 Number of referrals for children in comparison cohort (n=64)

Referrals	Before	After	Change
Referrals	41	3	-38
Mean referrals per child	0.64	0.05	-0.59

Source: SCST data

4. Summary of key findings on 7 practice features and 7 outcomes

As reported in the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (2017), evidence from the first round of the Innovation Programme led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds.[16]

Practice features

Multi-disciplinary skill sets: Of the 20 cases reviewed during DAARR, 14 (70%) showed at least partial evidence of multi-disciplinary skill sets. Of the 14 cases which were supported by the Innovation Hub, this figure was 11 (79%). Staff involved in the delivery of the Innovation Hub commented that the number of people involved in the Hub from a range of disciplines was a prominent and positive aspect of the work delivered whilst it was operational.

Group case discussions. All 14 case files reviewed for people supported by the Hub showed at least partial evidence of group case discussions taking place. This evidence is supported by the interviews with staff who worked on the Hub, who reported that group discussions formed a part of daily practice.

Family focus. Focussing on dynamics within the family was a key feature of both the work done through DAARR, in particular the IFP, and the Innovation Hub, which emphasised holistic family-led planning. Evidence from Innovation Hub case files supported this. The majority of cases showed family involvement in the development of holistic support packages. Evidence from staff and stakeholder interviews as well as from those participating in the IFP also suggests that the programme placed a significant emphasis on improving and managing relationships within the family.

Intensity and consistency of practitioner. Of the 20 case files reviewed during DAARR, 17 (85%) showed at least partial evidence of high intensity and consistency of practitioner, which was significantly more than before DAARR, where only 4 of 10 cases (40%) showed this.

Skilled direct work. Of the 10 case files reviewed prior to the introduction of the DAARR workstream, only 2 showed evidence of direct work with families and children. Of the 20

[16] Sebba, J., Luke, N., McNeish, D., and Rees, A. (2017) *Children's Social Care Innovation Programme: Final evaluation report*, Department for Education, available here. Last accessed 13th May, 2020.

case files reviewed following the introduction of DAARR, 12 did show evidence of direct work with families and children, and a further 4 showed at least partial evidence.

Outcomes

Reducing risk for children. Evidence from case file reviews and the outcomes analysis suggests that the DAARR workstream achieved positive outcomes for children in relation to their risk. Children with at least one relative who had been through the IFP experienced a decrease in the average number of days spent at CIN, CP, and CLA, whilst those in the comparison cohort experienced an increase. Fourteen cases out of 20 (70%) reviewed during DAARR achieved positive outcomes in relation to child safety.

Increased wellbeing for children and families. Victims and perpetrators who attended the IFP reported that it had helped them make positive changes in their relationships with their partners and their children. Parents reported that their children appeared more confident, and they were more able to talk about their feelings.

Reduced days spent in state care. Evidence from the outcomes analysis suggests that children whose parents attended the IFP spent on average less time in state care in the 6 months following the intervention than a comparable group whose parents were not involved in the programme.

Value for money. Evidence from the cost-benefit analysis suggests that neither the DAARR workstream, specifically the Inspiring Families Programme, or the Innovation Hub achieved a net financial benefit when considering the cost of both interventions. However, it should be noted that the analysis did not take into account the full range of benefits that the Hub and the DAARR workstream could have contributed to for young people and their families.

5. Lessons and implications

Implementation

1. Programmes that include multiple, varied interventions should have clearly articulated theories of change that are linked to the evidence base. These should outline how they hope to achieve outcomes improvement for participants and systems. These will help all stakeholders understand the programme of change and aid measurement of progress against desired aims and objectives.
2. Ensuring that programme plans are systematically reviewed, updated and communicated internally to all relevant levels of the service is essential to ensuring that staff are aware of how their role relates to the changing system. This also helps to reduce the impact of changes in leadership. Decision-making should be documented to ensure institutional knowledge is secured.
3. When looking to deliver training to a workforce experiencing high levels of staff turnover, it is important that training is delivered consistently over an extended period, and where possible integrated into the onboarding process for new staff.
4. Communication and consistent training are essential when introducing new tools, such as the VADA and recovery toolkit, to a changing workforce. Without this, the chances of these tools being adopted and becoming a part of daily practice is reduced.
5. Ensuring courses are safely accessible for victims is vital. In particular, making programmes available at times which suit women who work, and offering support for those who might otherwise rely on their partners for transport are key considerations.

Practice

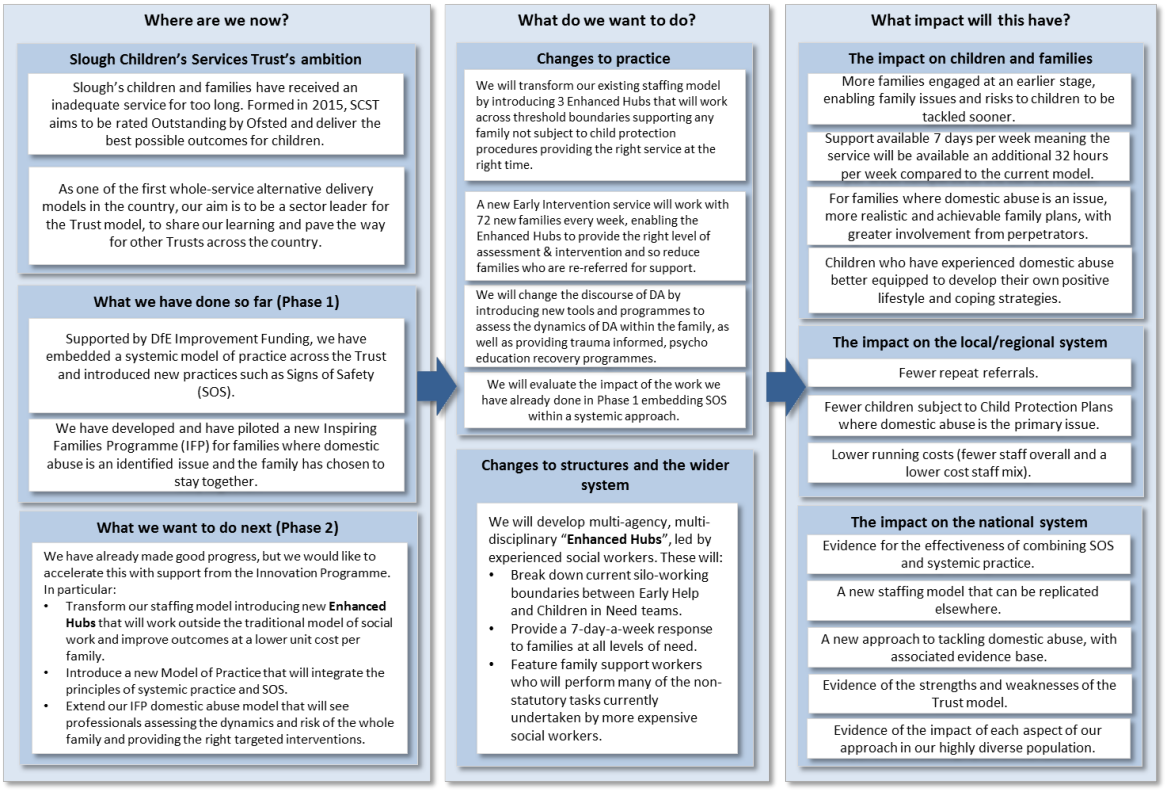
6. A more systematic approach to capturing, analysing and reporting monitoring data would help to ensure the Trust can take evidence-led decisions on this and similar programmes in the future.
7. Evaluation tools using validated measures such as the intended structured survey should be embedded into the DAARR workstream as part of every-day practice. A systematic approach should be taken to analysis and reporting and feeding this evidence into decision-making processes.
8. Strong working relationships between services, information sharing, and expedited referral processes represent a valuable way to ensure that the needs of families can be met sooner.

9. Whilst provision for male perpetrators and female victims is likely suitable for the majority of families experiencing DA, ensuring support is available for those who do not fit these groupings is an important consideration.
10. Offering appropriate step-down support should be a vital consideration for any programme working with families affected by domestic abuse.

Appendix 1: Programme theory of change

Original Overall Innovation Programme Theory of Change

Figure 6: Theory of Change for the SCST Innovation Programme [17]



[17] This theory of change was included in the original funding bid from SCST to the DFE Innovation Fund Programme.

DAARR workstream logic model

Figure 7 DAARR workstream logic model

Inputs ➔	Activities ➔	Outputs ➔	Impacts ➔	Outcomes

Funding
• Total funding of £678,981 from the DfE over the period 2017/18 – 2018/19 to cover staffing, training and evaluation
 	
Staff
• £425,368 DfE Innovation funding for staff costs (predicted to end December 2018), covering:
  ○ DA Family Support Worker - FTE
  ○ Domestic Violence/Abuse Coordinator – 1 FTE
  ○ Consultant Social Worker - 0.5 FTE
	Assessment
	• Violence and Abuse Dynamics Assessment (VADA) tool
	• The Inspiring Families Programme (IFP)
	• DA consultation with DA coordinator
	• Referral to Multi-Agency Risk Assessment Conference
	
	Intervention
	• Targeted 1-2-1 work with men who have completed IFP
	• The Inspiring Families Programme (IFP)
	• Individual DA work with either/both partners
		Outputs for children and young people (CYP)[18]
		• Total number of CYP who complete the Children and Young People Recovery Toolkits
		• Total number of children who complete individual work
		• Total number of clinical interventions
		• Total number of CYP who remain within the family unit
		
		Output for victims
		• Total number of victims who complete the IFP
			Impact on CYP
			• CYP are happier
			• Increased feelings of safety and reduced feelings of fear
			• Increased ability to talk to somebody about their parents and any risk of harm
			• Increased understanding of what a healthy relationship looks like
			• Experience less fighting/shouting at home
			• Experience more time spent as a family, particularly more time spent with the father (where appropriate)
				Outcomes for CYP
				• Improvement in CYP wellbeing
				• An increased level of safety
				• CYP better equipped to develop their own positive lifestyle and coping strategies
				• CYP less likely to become victims or perpetrators of DA in the future
				
				Outcomes for victims
				• A reduction in the number of incidents of physical violence and coercive control and their severity[19]

[18] Children and Young People.
[19] This would be a long-term outcome. We recognise that DA Interventions can result in spikes in reported incidences.

Inputs ➔	Activities ➔	Outputs ➔	Impacts ➔	Outcomes
○ Head of Service - 0.25 FTE ○ Hub Coordinator - 0.5 FTE • £42,487 DfE Innovation funding for management and support staff costs (predicted to end December 2018), covering roles including: ○ Project manager ○ Project officer ○ Performance analyst	• Clinical intervention **Recovery** • Support for victims and children through the Adult and Children and Young People Recovery Toolkits • Individual DA work with either/both partners • Individual work with children **Workforce Development** • Deliver training across all Trust hubs on "How to Work with Abusive Men"	• Total number of victims who complete the Adult Recovery Toolkit • Total number of victims who complete individual DA work • Total number of clinical interventions **Output for perpetrators** • Total number of perpetrators who complete the IFP • Total number of perpetrators who complete targeted 1-2-1 work • Total number of perpetrators who complete individual DA work • Total number of clinical interventions • Total number of perpetrators who	**Impact on victims** • Reduction in experience of physical violence and coercive control • Increased understanding and insight regarding DA • Increased ability to make decisions about their life and future based on this understanding • Increased ability to develop healthy relationships • Increased self-esteem • Increased feelings of safety • Improved strategies to cope with psychological distress • Reduced feelings of isolation **Impact on perpetrators**	• An increased level of safety **Outcomes for perpetrators** • A reduction in the number of incidents of physical violence and coercive control and their severity[20] • An increased level of safety (resulting from reduced risk of violent resistance) **Outcomes for practice** • Improved quality of support and care for CYP, victims and perpetrators **Outcomes for the system** • A reduction in the number of CP cases where there is a known victim and/or perpetrator of DA

[20] This would be a long-term outcome. It is recognised that DA Interventions can result in spikes in reported incidences.

Inputs ➔	Activities ➔	Outputs ➔	Impacts ➔	Outcomes
		remain within the family unit **Outputs for practice** • Total number of professionals that receive training on "How to Work with Abusive Men" **Outputs for the system** • Total number of families assessed using the DAARR model • Number of days between case allocation and assessment • Dedicated Resource in place to work with men who have completed the IFP • Total number of consultations with DA coordinator • Total number of referrals to MARAC	• Increased understanding that their behaviour is abusive • Increased understanding of the impact of their behaviour on partner and children • Increased ability to put their behaviour into the context of acceptable and unacceptable behaviour • Increased self-esteem • Reduction in perpetration of physical violence and coercive control • Reduction in intergenerational domestic violence • Increased ability to develop healthy relationships • Improved relationship with children	• Reduction in the number of CYP becoming looked after • A £376,000 reduction in cost across the Early Help and Child Protection Hubs from 2019/20[21]

[21] SCST predict that this may not be realistic as actual costs have been significantly higher than funded costs (£2m rather than £1.4m).

Inputs ➔	Activities ➔	Outputs ➔	Impacts ➔	Outcomes
			Impact on practice • Increase in early assessment and intervention at a whole family level, enabling issues and risks to be addressed earlier • A reduction in the time between case allocation and assessment (target: 10 days) • Increased practitioner confidence and ability to understand and engage abusive men in their daily practice • Improved practitioner ability to make evidence-based decisions on what is the right intervention at the right time	

Innovation Hub logic model

Figure 8 Innovation Hub Logic Model

Inputs ➔	Activities ➔	Outputs ➔	Impacts ➔	Outcomes
Funding • Total funding of £1,362,708 from the DfE over the period 2017/18 – 2018/19 to cover staffing, training and evaluation **Staff** • £1,222,095 DfE Innovation funding for staff costs (predicted to end December 2018), covering: ○ Consultant Social Worker – 0.5 FTE ○ Head of Service – 0.25 FTE ○ Senior Social Worker - 1 FTE ○ Family Support Worker – 4 FTE ○ Drug & Alcohol Family Support Worker - 1 FTE ○ Primary Mental Health Worker – 0.5 FTE	**Assessment** • Integrated "front door" • All children and young people who are not subject to CP plans, but where further action is required, referred to the Hub • DA consultation with DA coordinator **Intervention** • Inspiring Families Programme (group work) • Individual DA work with either/both partners • Individual work with children • Clinical intervention **Referral** Families referred on to appropriate services/agencies including:	**Outputs for CYP** Number of children and young people supported by the Hub • Number of children and young people supported by an Early Intervention Worker • Number of children and young people subject to CP plans (Including Early Intervention, CIN and EH) • Total number of children supported by the Hub • Total number of children who complete individual work • Number of children subject to CP plans (including Early Intervention, CIN and EH) • Total number of clinical interventions	**Impact on children and young people** • More children and young people receive an early help assessment which will result in the right intervention being delivered • A reduction in the number of CLA **Impact on the system** • A reduction in the number of children and young people who are re-referred to the Trust within a 12-month period • A reduction in the number of children and young people escalating into Statutory Services • A reduction in the number of CLA	**Outcomes for children and young people** • Family issues which impact on children and young people are addressed sooner • Risks to children are addressed sooner • A reduction in the number of CLA **Outcomes for the system** • Cost efficient approach to service delivery leading to a reduction in cost

Inputs ➔	Activities ➔	Outputs ➔	Impacts ➔	Outcomes
○ Hub Co-ordinator – 0.5FTE • £42,487 DfE Innovation funding for management and support staff costs (predicted to end December 2018), covering roles including: ○ Project manager ○ Project officer ○ Performance analyst	• Early Intervention (including DAARR) • Level 1 Assessment (Early Help) • Level 2 Assessment (Children in Need) • MARAC	**Outputs for parents/carers** • Number of parents/carers supported by an Early Intervention Worker • Total number of individuals who complete individual DA work • Total number of individuals who complete Inspiring Families Programme (group work) • Total number of clinical interventions **Outputs for the system** • Total number of families referred to the Hub • Total number of families who receive an Early Help assessment • Total number of level 1 and level 2 assessments conducted • Total number of families referred to early intervention		

Inputs ➔	Activities ➔	Outputs ➔	Impacts ➔	Outcomes
		• Total number of cases which are classified as “no further action” • Total number of cases which only receive signposting information • Total number of referrals to MARAC • Total number of DA consultations		

Appendix 2: Innovation Programme outcomes analysis

Main findings

- The data suggests that the Inspiring Families Programme (IFP) formed part of an effective intervention to reduce the amount of time children spent at each statutory level of care. Children spent on average less time at each level of statutory care than children in families affected by domestic abuse whose relatives did not attend the course. These outcomes only refer to those children supported by the programme, and do not demonstrate the Trust's ability to reduce the number of children moving into CP and CLA overall. However, it does suggest that DAARR was able to meet these intended outcomes for those supported through the IFP.
- Regarding the Innovation Hub, the data does not show that it served as an effective intervention to reduce the number of children becoming CLA, which was a stated objective outlined in the Hub's logic model.
- However, caution should be applied in comparing the change in time spent at each statutory status prior to and following the intervention with the comparison cohorts. For both the Innovation Hub and Inspiring Families cohorts, children in the comparison cohorts had spent significantly less time at CIN, CP, or CLA prior to the intervention taking place. As such, this exaggerates the difference in outcomes between these groups.
- These limitations also apply to the cost-benefit analysis, which was based upon the differences in outcomes.
- The estimated net cost of the IFP, when accounting for savings based on changes in statutory status and referrals (relative to the comparison cohort) and the cost of the DAARR workstream, was £307,335.
- Both the Innovation Hub cohort and the comparison group experienced an increase in the average number of days spent in statutory care in the 6 months following the intervention. The Innovation Hub cohort experienced a lower average increase in days spent in CP and CLA, but a higher increase in average days spent in CIN.
- The estimated net cost of the Innovation Hub, when accounting for savings based on changes in statutory status and referrals (relative to the comparison cohort) and the cost of the Hub was £559,468.
- This cost-benefit analysis did not assess other benefits that the IFP and the Innovation Hub may have contributed to for young people and their families, for example, well-being, economic, social and health outcomes. As such, caution should be applied in interpreting these findings.

Overview

The following counterfactual analysis compares outcomes for children in families supported through either the Inspiring Families programme or the Innovation Hub, with comparison cohorts who did not receive these interventions.

The approach to this analysis was agreed collaboratively with SCST colleagues, based on the available data. In order to estimate the benefits of the DAARR workstream, a cohort was selected based upon individuals who had attended the Inspiring Families Programme.

Assumptions and limitations

There are a number of limitations to the data and subsequent analysis which must be considered. These are outlined below, broken down into general limitations applicable to both datasets, and limitations specific to either dataset.

Data available from SCST for the Inspiring Families and Innovation Hub cohorts provide a good indication of outcomes in relation to both groups. The data relates to all the families supported during the evaluation period for both the Innovation Hub and the IFP. Furthermore, the amount of time spent at each statutory status in the six months following the intervention provides a useful initial comparison between these cohorts and their respective comparison groups. However, the significantly lower amount of time spent at each level of statutory care by those in the comparison groups in the six months prior to the Innovation Hub and IFP interventions significantly limits the extent to which changes in these levels can be effectively compared.

General overview

- This data was provided by SCST and Cordis Bright have not had the opportunity to independently verify its accuracy.
- The total funding for the IFP covers a 2-year period from April 2017 to March 2019. However, the data from the cohorts for the IFP covers a period ranging from May 2016 to May 2019. As such, it is possible that the costs of the programme have been underestimated.
- The use of a comparison cohort helps to strengthen confidence of the impact of either the IFP or Innovation Hub cohorts. However, there may still have been other interventions or circumstances which contributed to changes in referral and/or statutory status.
- The cost-benefit analysis measures benefit on the basis of referrals and changes in statutory statuses. This means other possible benefits of the Innovation Hub and the IFP are not captured in the analysis. For instance, possible reductions

concerning the costs of abuse and violence. This means that the benefits reported in this analysis are likely to be an underestimate and should be considered conservative.

Inspiring Families

- The analysis only concerns the impact, benefits, and costs for those families who were supported through the IFP, and not the wider group who were worked with through other elements of the DAARR workstream.
- Children in the IFP and relevant comparison cohorts had differing levels of issues at their initial assessment (for example, alcohol misuse, drug misuse, domestic violence, etc.). The IFP treatment group had more families with no issues and fewer families with more than 4 issues. The comparison cohort therefore has a higher proportion of families with more issues.
- 13% of the IFP treatment group did not have domestic abuse listed as an issue at their assessment, while all those in the comparison cohort did.
- As identified through case file reviews, not all families who were worked with as part of the DAARR workstream were involved with the IFP. Therefore, those included as part of the IFP cohort represent the most engaged group of those worked with through the DAARR workstream. This will likely influence their propensity toward achieving positive outcomes following the intervention, i.e. this group is likely more motivated to change.
- For the comparison cohort, the number of days spent in each statutory status in the 6-month period prior to assessment was generally lower than those for the IFP cohort.

Innovation Hub

- Almost all of the Innovation Hub cohort (96%) had 4 or fewer issues at their initial assessment. In comparison, everyone in the comparison cohort had 5 or more issues.
- Those in the Innovation Hub cohort have a notably smaller number of issues than those in the comparison cohort, with at least 75% having no issues related to alcohol misuse, drug misuse or mental health disorder. In comparison, only around a third of the comparison cohort have no issues related to alcohol or drugs, and less than 20% have none related to mental health.
- 64% of the Hub cohort did not have any issues related to domestic abuse, in comparison with 16% of the comparison cohort. 63% of the comparison cohort have 2 or 3 factors related to DA, in comparison with only 11% of the Hub cohort.
- 14 unborn children whose relatives were supported through Innovation Hub are not included in the analysis. This is because no valid outcome data for the 6-month ‘before’ period was available for this group.

Approach to analysis

This analysis compares the statutory statuses of children in each cohort in 2 6-month periods in comparison to comparison cohorts.

For the Inspiring Families cohort, these periods equate to the 6 months prior to the child's relative starting the Inspiring Families programme, and the 6 months following the child's relative finishing the Inspiring Families programme. For the comparison cohort, the analysis concerns the 6 months prior to the start of their assessment, and the 6 months following the end of their assessment.

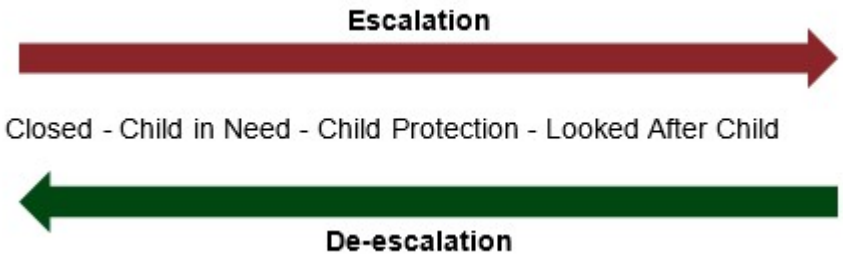
For the Innovation Hub cohort, the 2 time periods were 6 months prior to the date support from the Hub began, and 6 months after support from the Hub ended. For the comparison cohort, analysis similarly concerns the 6 months prior to the start of their assessment, and the 6 months following the end of their assessment.

In both cases, the analysis considers the following:

- The number of referrals a child was subject to.
- The episodes and amount of time (days) which the child spent in the following statutory statuses:
    - Child in Need (CIN)
    - Child Protection (CP)
    - Child Looked After (CLA)

It also explores the escalation and de-escalation patterns of children's statutory statuses between the 2 time periods. Escalations and de-escalations were defined as a child's status changing to 1 or more other statuses in the order displayed in Figure 9.

Figure 9: Escalation and de-escalation patterns of children's statutory statuses



Ideally, the Inspiring Families and Innovation Hub cohorts would result in fewer instances of a child's statutory status being escalated, and a greater proportion of de-escalations.

DAARR analysis

Analysis for the Inspiring Families cohort considers 78 children, all of whom were a relative of someone who had been through the Inspiring Families programme. This group was selected as they represented tangible recipients of support through the DAARR workstream, with trackable outcomes. Furthermore, it was possible to identify a comparison cohort, who would have qualified for a referral to the programme but did not attend.

In instances where a family contained several children, 1 child was selected at random from the sibling group. A comparison cohort of 135 children was selected by identifying children whose relatives had not been through the programme, but who had DA identified as an issue at assessment.

Profile

Table 8 outlines the age of those children within the IFP cohort and the comparison cohort. It shows that there was a relatively even split in terms of age between the groups.

Table 8 Age of the Inspiring Families (n=78) and comparison (n=116) cohorts

Age	IFP Count	IFPs Percentage	Comparison Count	Comparison Percentage
0-4	29	37.2%	45	38.8%
5-9	23	29.5%	42	36.2%
10-14	13	16.7%	24	20.7%
15-17	2	2.6%	5	4.3%
Unknown	11	14.1%	0	0.0%
Total	**78**	**100.0%**	**116**	**100.0%**

Source: SCST data

Table 9 shows that the IFP cohort included people from 14 ethnic background categories, while the comparison cohort included 16. The IFP cohort had a higher proportion of Asian or Asian British people (52.6% in comparison with 41.4% for the comparison cohort), while the comparison cohort had a higher proportion of people from a White background (37.1% in comparison with 21.8%).

Table 9 Ethnicity characteristics of the IFP (n=78) and comparison (n=116) cohorts

Ethnicity	IFP Count	IFP Percentage	Comparison Count	Comparison Percentage
A1 - White British	8	10.3%	26	22.4%
A2 - White Irish	1	1.3%	1	0.9%

Ethnicity	IFP Count	IFP Percentage	Comparison Count	Comparison Percentage
A3 - White - Any other White background	8	10.3%	16	13.8%
B1 - White and Black Caribbean	0	0.0%	1	0.9%
B2 - White and Black African	1	1.3%	1	0.9%
B3 - White and Asian	2	2.6%	4	3.4%
B4 - Any other mixed background	3	3.8%	7	6.0%
C1 - Asian or Asian British - Indian	16	20.5%	15	12.9%
C2 - Asian or Asian British - Pakistani	21	26.9%	28	24.1%
C3 - Asian or Asian British - Bangladeshi	1	1.3%	1	0.9%
C4 - Asian - Any other Asian background	2	2.6%	3	2.6%
C5 - Asian or Asian British - Sikh	1	1.3%	1	0.9%
D1 - Black or Black British - Caribbean	4	5.1%	3	2.6%
D2 - Black or Black British - African	1	1.3%	4	3.4%
D3 - Black - Any other Black background	0	0.0%	0	0.0%
E2 - Any other ethnic group	1	1.3%	4	3.4%
Not stated/unavailable	8	10.3%	1	0.9%
Total	**78**	**100.0%**	**116**	**100.0%**

Source: SCST data

Table 10 shows the size of the sibling group for both cohorts. There was a significantly higher proportion of the comparison cohort who were only children (i.e. 1 in the sibling group), while the Inspiring Families cohort had on average much larger sibling groups.

Table 10 Size of sibling group of the Inspiring Families (n=78) and comparison (n=116) cohorts

Size of sibling group	IFP Count	IFP Percentage	Comparison Count	Comparison Percentage
1	1	1.3%	40	34.5%
2	21	26.9%	41	35.3%
3	5	6.4%	22	19.0%
4	24	30.8%	8	6.9%
5	1	1.3%	5	4.3%
6	9	11.5%	0	0.0%
8+	6	7.7%	0	0.0%
Unknown	11	14.1%	0	0.0%
Grand Total	**78**	**100.0%**	**116**	**100.0%**

Source: SCST data

Overall change

The findings below are organised into 3 categories. The first looks at the number of referrals a child had in each time period. The second analyses the overall profile of the statutory status for each cohort in each time period. The last looks at the number of children who were escalated or de-escalated within each cohort.

Referrals

Table 11 and Table 12 show the number of referrals made to the Trust about a child from each of the cohorts, before and after the intervention or assessment. They show that:

- There was a reduction in the number of referrals for both the Inspiring Families and comparison cohorts.
- For the Inspiring Families cohort, no child was re-referred to the Trust in the 6-month period following the end of the programme.

Table 11 Number of referrals for children in Inspiring Families cohort (n=78)

Referrals	Referrals before	Referrals after	Change
Total number of Referrals	43.0	0.0	-43.0
Mean number of referrals per child	0.6	0.0	-0.6

Source: SCST data

Table 12 Number of referrals for children in comparison cohort (n=116)

Referrals	Referrals before	Referrals after	Change
Total number of referrals	56.0	6.0	-50
Mean number of referrals per child	0.5	0.1	-0.4

Source: SCST data

Escalation and de-escalation

Figure 10 and Figure 11 show the number of children who experienced an episode of CIN, CP and CLA before the intervention, and the statutory status(es) they experienced following the intervention. It shows that:

- The majority of children in the comparison cohort did not have episodes of a statutory care status in either the before or after period.
- The majority of children in the IFP cohort who had experienced an episode of CIN (24), CP (26), or CLA (2) experienced a de-escalation following their relative's involvement with the Inspiring Families programme.
- Only 1 child from the comparison cohort was escalated to CLA. None of those children whose relatives had been on the IFP were escalated to CLA status.
- In the IFP cohort, 22 (91.7%) children who had CIN status before the intervention had no episodes of a statutory care status afterwards. Eighteen (69.2%) of those with CP status before had no care status afterwards.
- In the IFP cohort, neither of the children who experienced CLA status before the intervention experienced it in the 6 months following; 1 moved to CIN status and 1 had no statutory status.
- In the comparison cohort, on the other hand, children who had not had any statutory status before were more likely to move to having a status afterwards. Of the 113 with no statutory status before, 12 were escalated to CIN, 14 were escalated to CIN, and 1 was escalated to CLA status.

The Figures below demonstrate the differences between the comparison cohort and the IFP cohort prior to the point of intervention, and thus the limitations in comparing change between the two.

However, they also show that children whose relatives attended the IFP were able to achieve positive outcomes in relation to de-escalation in statutory status, with fewer experiencing episodes of CP, and CLA, one of the outcomes identified in the logic model for the DAARR workstream.

Figure 10 Changes in statutory status 6-months before and after intervention for the Inspiring Families Cohort (n=78)

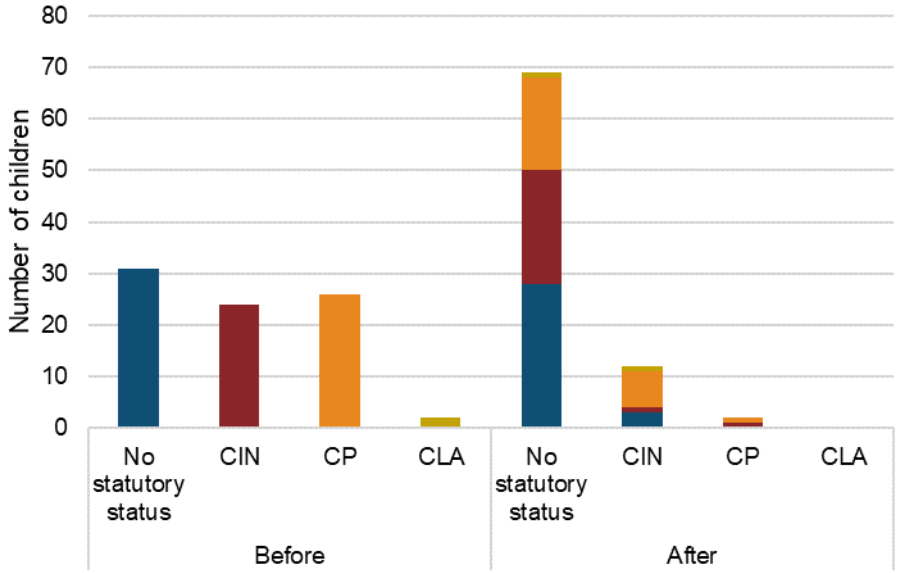


Figure 11 Changes in statutory status 6-months before and after intervention for the comparison cohort (n=116)

Statutory status

Table 13 and Table 14 provides a breakdown of the number, proportion and mean average length of episodes in relation to each of the statutory statuses. They show that:

- The majority of the comparison cohort experienced no statutory status in the 6-months prior to their assessment.
- There was a decrease in the proportion of children at statutory status for all 3 types (CIN, CP and CLA) in the Inspiring Families cohort. For the comparison cohort, there was an increase for all 3 types of status.

This re-emphasises that children whose relatives attended the IFP achieved positive outcomes in relation to the amount of time spent at each statutory care level on average. It also demonstrates the limitations of the comparison cohort.

Table 13 Number of children in Inspiring Families cohort at each statutory status (n=78)

Statutory status	Number (%) at each statutory status before	Number (%) at each statutory after	Change (%)
Episodes of CIN	24.0 (30.8%)	10.0 (12.8%)	-14.0 (-17.9%)
Days in CIN	3761.0	1105.0	-2656.0
Mean days in CIN	48.2	14.2	-34.1
Episodes of CP	26.0 (33.3%)	1.0 (1.3%)	-25.0 (-32.1%)
Days in CP	6732.0	240.0	-6492.0
Mean days in CP	86.3	3.1	-83.2
Episodes of CLA	2.0 (2.6%)	0.0 (0.0%)	-2.0 (-2.6%)
Days in CLA	212.0	0.0	-212.0
Mean days in CLA	2.7	0.0	-2.7

Table 14 Number of children in the comparison cohort at each statutory status (n=116)

Statutory status	Number (%) at each statutory status before	Number (%) at each statutory after	Change (%)
Episodes of CIN	1.0 (0.9%)	15 (12.9%)	+14(12.0%)
Days in CIN	28.0	2040.0	+2012.0
Mean days in CIN	0.2	17.6	+17.3
Episodes of CP	2.0 (1.7%)	12.0 (10.3%)	+10.0 (8.6%)
Days in CP	385.0	3043.0	+2658.0
Mean days in CP	3.3	26.2	+22.9
Episodes of CLA	0.0 (0.0%)	1.0 (0.9%)	+1.0 (0.9%)
Days in CLA	0.0	335.0	+335.0
Mean days in CLA	0.0	2.9	+2.9

Source: SCST data

Innovation Hub

Analysis for the Innovation Hub cohort considers 228 children who had been supported by the Hub. As outlined in the limitations section, 14 unborn children were removed from

the initial dataset of 242 children, as they could not provide a valid 6-month before period for the data. In instances where a family contained several children, 1 child was selected at random from the sibling group. This group was selected as they represented tangible recipients of support through the Innovation Hub, with trackable outcomes. Furthermore, it was possible to identify a comparison cohort, who would have qualified for a referral to the Hub but did not receive this support.

A comparison cohort of 64 children was selected by SCST, identifying children who had not been through the programme but who had 5 or 6 issues identified within the family at their assessment. This was described by SCST stakeholders as a common criterion by which cases would be selected for the Hub.

Profile

Table 15 outlines the age of the children within the Innovation Hub cohort and the comparison cohort. There was a relatively even split in terms of age between the 2 groups, although the comparison cohort has a slightly higher proportion of younger ages.

Table 15 Age of Innovation Hub cohort (n=228) and comparison cohort (n=64)

Age	Innovation Hub Count	Innovation Hub Percentage	Comparison Count	Comparison Percentage
0-4	57	25.0%	18	28.1%
5-9	43	18.9%	18	28.1%
10-14	69	30.3%	19	29.7%
15-17	32	14.0%	9	14.1%
18	1	0.4%	0	0.0%
Unknown	26	11.4%	0	0.0%
Total	**228**	**100.0%**	**64**	**100.0%**

Source: SCST data

Table 16 shows that the Innovation Hub cohort included people from 19 ethnic background categories, while the comparison cohort included 14.

Table 16 Ethnic background categories of Innovation Hub cohort (n=228) and comparison cohort (n=64)

Ethnicity	Innovation Hub Count	Innovation Hub Percentage	Comparison Count	Comparison Percentage
A1 - White British	57	25.0%	21	32.8%
A2 - White Irish	6	2.6%	1	1.6%
A3 - White - Any other White background	20	8.8%	9	14.1%

Ethnicity	Innovation Hub Count	Innovation Hub Percentage	Comparison on Count	Comparison Percentage
A4 - Traveller of Irish Heritage	6	2.6%	0	0.0%
A5 - Gypsy / Roma	12	5.3%	0	0.0%
B1 - White and Black Caribbean	10	4.4%	3	4.7%
B2 - White and Black African	5	2.2%	0	0.0%
B3 - White and Asian	7	3.1%	1	1.6%
B4 - Any other mixed background	9	3.9%	4	6.3%
C1 - Asian or Asian British - Indian	14	6.1%	8	12.5%
C2 - Asian or Asian British - Pakistani	40	17.5%	4	6.3%
C3 - Asian or Asian British - Bangladeshi	1	0.4%	1	1.6%
C4 - Asian - Any other Asian background	4	1.8%	1	1.6%
C5 - Asian or Asian British - Sikh	1	0.4%	1	1.6%
D1 - Black or Black British - Caribbean	8	3.5%	4	6.3%
D2 - Black or Black British - African	16	7.0%	3	4.7%
D3 - Black - Any other Black background	1	0.4%	1	1.6%
E1 - Chinese	1	0.4%	0	0.0%
E2 - Any other ethnic group	4	1.8%	2	3.1%
Unknown	6	2.6%	0	0.0%
Total	**228**	**100.0%**	**64**	**100.0%**

Source: SCST data

Table 17 shows the size of sibling group for the Innovation Hub and comparison cohorts. There was a good match between the groups by sibling size. Half of each cohort was in a sibling group of 1, while the majority of the rest were in a group of 2 or 3.

Table 17 Size of siblings group for the Innovation Hub (n=228) and comparison cohort (n=64)

Size of sibling group	Innovation Hub Count	Innovation Hub Percentage	Comparison Count	Comparison Percentage
1	114	50.0%	32	50.0%
2	47	20.6%	16	25.0%
3	28	12.3%	13	20.3%
4	12	5.3%	2	3.1%
5	0	0.0%	1	1.6%
7	1	0.4%	0	0.0%
Unknown	26	11.4%	0	0.0%
Total	**228**	**100.0%**	**64**	**100.0%**

Source: SCST data

Overall change

The findings below are organised into 3 categories. The first looks at the number of referrals a child had in each time period. The second analyses the overall profile of the statutory status for each cohort in each time period. The last looks at the number of children who were escalated or de-escalated within each cohort.

Referrals

Table 18 and Table 19 show the number of referrals before and after the intervention or assessment. They show that both groups had a similar level of mean average referrals before and after intervention or assessment.

Table 18 Number of referrals for children in Innovation Hub cohort (n=228)

Referrals	Referrals before	Referrals after	Change
Referrals	138	13	-125
Mean referrals per child	0.61	0.06	-0.55

Table 19 Number of referrals for children in comparison cohort (n=64)

Referrals	Referrals before	Referrals after	Change
Referrals	41	3	38
Mean referrals per child	0.64	0.05	-0.59

Source: SCST data

Escalation and de-escalation

Figure 12 and Figure 13 below provide an overview of the number of escalations and de-escalations within the Innovation Hub and comparison cohorts. It shows that:

- A similar proportion of children in both groups experienced no episodes at any of the 3 statutory statuses in the 6 months prior to the intervention or assessment.
- In both cohorts the majority of children experienced no escalation in the 6 months following the intervention.
- A higher proportion of children in the Innovation Hub cohort were escalated to CIN status that those within the comparison cohort.

These differences between the Innovation Hub cohort and the comparison cohort was less notable than they were for the IFP outcomes analysis, meaning they offer a better comparison for the change in status.

The majority of children who had no statutory status prior to the intervention remained without one after the intervention. The increase in the number of children experiencing an episode of CP or CLA following the intervention is slightly smaller than that of the comparison group. Despite this, the data does not suggest that the Innovation Hub was able to have a meaningful impact on the number of children moving into CLA, which was one of the stated aims of the Hub.

Figure 12 Changes in statutory status in 6-months before and after intervention - Innovation Hub cohort (n=228)

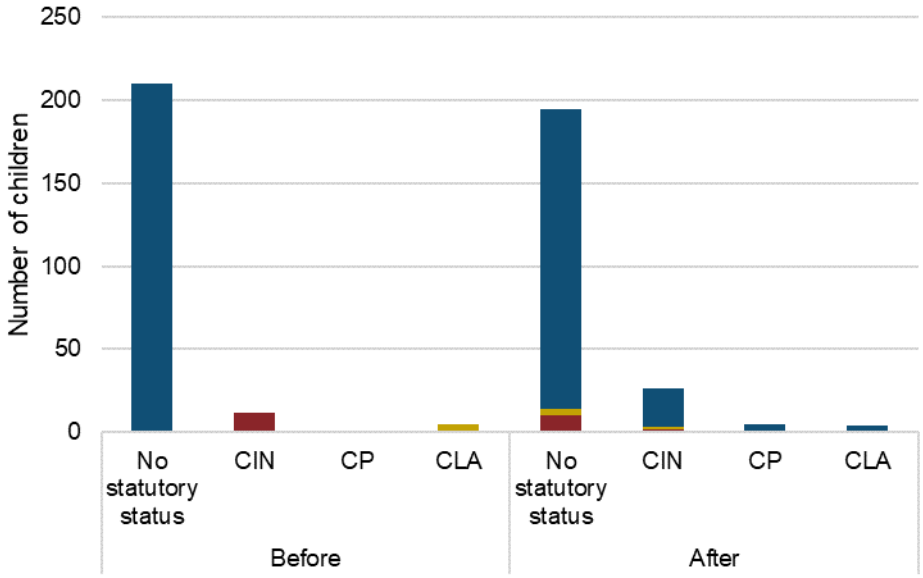
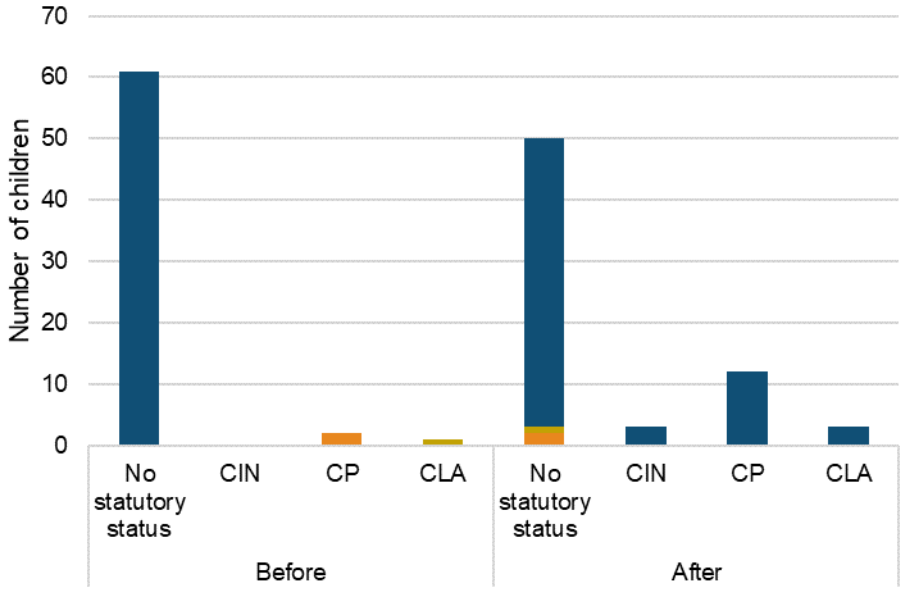


Figure 13 Changes in statutory status in 6-months before and after intervention - comparison cohort (n=64)



Statutory status

Table 20 and Table 21 provide a breakdown of the number, proportion and mean length of episodes in relation to each of the statutory statuses. They show that:

- The majority of the comparison cohort had experienced no statutory status in the 6-months prior to their assessment.
- There was an increase in the mean number of days at each statutory status across both cohorts. However, the average increase in days spent in CP and CLA was greater among the comparison cohort.

Table 20 Number of children in Innovation Hub cohort at each statutory status (n=228)

Statutory status	Number (%) before	Number (%) after	Change
Episodes of CIN	12.0 (5.3%)	27.0 (11.8%)	+15.0 (+6.5%)
Days in CIN	1440	4554.0	+3114
Mean days in CIN	6.3	20.0	+13.7
Episodes of CP	1.0 (0.4%)	5.0 (2.2%)	+4.0 (+1.8%)
Days in CP	76	1307.0	+1231
Mean days in CP	0.3	5.7	+5.4
Episodes of CLA	5.0 (2.2%)	4.0 (1.8%)	-1.0 (-0.4%)
Days in CLA	823.0	863.0	+40.0
Mean days in CLA	3.6	3.8	+0.2

Table 21 Number of children in the comparison cohort at each statutory status (n=68)

Statutory status	Number (%) before	Number (%) after	Change
Episodes of CIN	0.0 (0.0%)	3.0 (4.7%)	+3.0 (+4.7%)
Days in CIN	0.0	443.0	+443.0
Mean days in CIN	0.0	6.9	+6.9
Episodes of CP	2.0 (3.1%)	12.0 (18.8%)	+10.0 (+15.7%)
Days in CP	385.0	2478.0	+2093.0
Mean days in CP	6.0	38.7	+32.7
Episodes of CLA	1.0 (1.6%)	3.0 (4.7%)	+2.0 (+3.1%)
Days in CLA	3.0	544.0	+541.0
Mean days in CLA	0.0	8.5	+8.5

Source: SCST data

Cost-benefit analysis

This cost-benefit analysis is based on the Unit Cost Database (2019) developed by the Greater Manchester Combined Authority (GMCA). The costs presented in the database

are drawn from national sources, including government reports and academic research. All costs have been quality assured by the GMCA with oversight from central government departments.

Table 22 shows the average cost of caring for a child at each statutory status over the course of a year. However, it is important to note that these figures are estimates, and savings based on these represent average savings over the course of a year, not actual costs saved.

Table 22 Estimated total average cost per day relating to different outcomes

Outcome category	Average cost per child per year	Average cost per child per day	Unit
Looked After Child	£58,663	£161[22]	Per day
Child Protection	£3,727	£10[23]	Per day
Child in Need	£3,402	£9[24]	Per day
Referral		£223[25]	Per referral

Source: Greater Manchester Combined Authority Unit Cost Database 2019

By applying these tariffs to the number of referrals and days spent in each statutory status, we are able to calculate an estimated total cost for each group during each 6-month period. In order to ensure that the costs for the groups are comparable, the IFP comparison cohort has been scaled down, whilst the Innovation Hub comparison cohort has been scaled up to match their respective comparator cohorts.

Inspiring Families

Table 23 shows the programme costs for the Innovation Programme, broken down by workstream. These costs cover the 2-year period from April 2017 to March 2019.

[22] Source: GMCA Unit Cost Database, in turn referring to Curtis & Burns, 2018, University of Kent. Costs are re-calculated to show 2019 prices. Tariff used is: "Child taken into care - average fiscal cost across different types of care setting, England, per year" divided by 365.
[23] Source: GMCA Unit Cost Database, in turn referring to Holmes et al., 2010, Loughborough University. Costs are re-calculated to show 2019 prices. Tariff used is: "Child Protection Plan, case management processes - average cost of ongoing support, per month (all children)" multiplied by 12, divided by 365.
[24] Source: GMCA Unit Cost Database, in turn referring to Holmes et al., 2010, Loughborough University. Costs are re-calculated to show 2019 prices. Tariff used is: "Children in Need - average total cost of case management processes over a six-month period (standard cost)" multiplied by two, divided by 365.
[25] Source: GMCA Unit Cost Database, in turn referring to Holmes et al., 2010, Loughborough University. Costs are re-calculated to show 2019 prices. Tariff used is: "Children in Need, case management processes - average cost of initial contact and referral (standard cost)", multiplied by two, divided by 365.

Table 23 Programme costs for the SCST Innovation Programme by workstream

Workstream	Costs
Inspiring Families	£501,597
Innovation Hub	£909,730
Total	**£1,411,327**

Source: SCST

Table 24 shows the total estimated cost of days spent in statutory status and referrals for both periods, for the Inspiring Families and comparison cohorts. Total costs for each period have been calculated by multiplying the per-day/referral outlined in Table 22 by the total number of referrals and days spent at each statutory status for all children in each cohort over the 6-month period.

The cost difference between each of these periods is shown. The saving attributable to the IFP is calculated as the difference between the cost difference for the Inspiring Families cohort (-£134,699) and the scaled down comparison cohort (£59,563). This saving was then deducted from the overall DAARR workstream cost to give the net cost of the programme.

This shows that the programme's net cost was £307,335.

Table 24 Estimated total cost of statutory care and referrals for children in Inspiring Families (n=78) and comparison (n=135) cohorts

Category	Inspiring Families cost (n= 78)	Comparison cost (n=135)	Comparison cost scaled down (n=78)
Cost six months before	£147,448	£16,680	£11,215
Cost six months after	£12,749	£105,261	£70,779
Cost difference	-£134,699	£88,581	£59,563
Estimated saving for the IFP cohort	£194,262		
DAARR workstream cost	£501,597		
Estimated net cost	**£307,335**	**£88,581**	**£59,563**

Source: SCST data

The Innovation Hub

Table 25 shows the total estimated cost of days spent in statutory status and referrals for both periods, for the Innovation Hub and comparison cohorts. Total costs for each period have been calculated by multiplying the per-day/referral outlined in Table 22 by the total number of referrals and days spent at each statutory status for all children in each cohort over the 6-month period.

The cost difference between each of these periods is shown. The saving attributable to the Innovation Hub is calculated as the difference between the cost difference for the Innovation Hub cohort (£20,145) and the scaled down comparison cohort (£370,407). This saving was then deducted from the overall Innovation Hub cost to give the net cost of the programme.

This shows that the programme's estimated net cost was £559,468.

Table 25 Estimated total cost of statutory care and referrals for children in Innovation Hub (n=228) and comparison (n=64) cohorts

Category	Innovation Hub cost (n=228)	Comparison cost (n=64)	Comparison cost scaled up (n=228)
Cost six months before	£177,243	£13,556	£48,293
Cost six months after	£197,388	£117,530	£418,700
Cost difference	£20,145	£103,974	£370,407
Estimated saving for the Innovation Hub cohort	£350,262		
Innovation Hub cost	£909,730		
Estimated net cost	**£559,468**	**£103,974**	**£370,407**

Source: SCST data

Appendix 3: Training completed by SCST staff

Table 26 Training completed by SCST staff as of March 2020

Training Course	Recorded Number of Courses Delivered	Number of Recorded Participants
Inspiring Families Programme	2	23
Inspiring Families – Train the Trainer	1	6
Adult and Children and Young People DA Recovery Toolkit	2	22
Group Managers and CSWs DA Training Day	1	5
How to Manage Risk and Work with Abusive Men	4	56
Working with Families Affected by DA	3	32
Total	**13**	**144**

Source: SCST Monitoring Data

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

Any enquiries regarding this publication should be sent to us at:
CSC.Research@education.gov.uk or www.education.gov.uk/contactus